The PUBLIC HEALTH NURSE

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INDUSTRIAL NURSING AND TUBERCULOSIS

By LEE K. FRANKEL, Ph. D.

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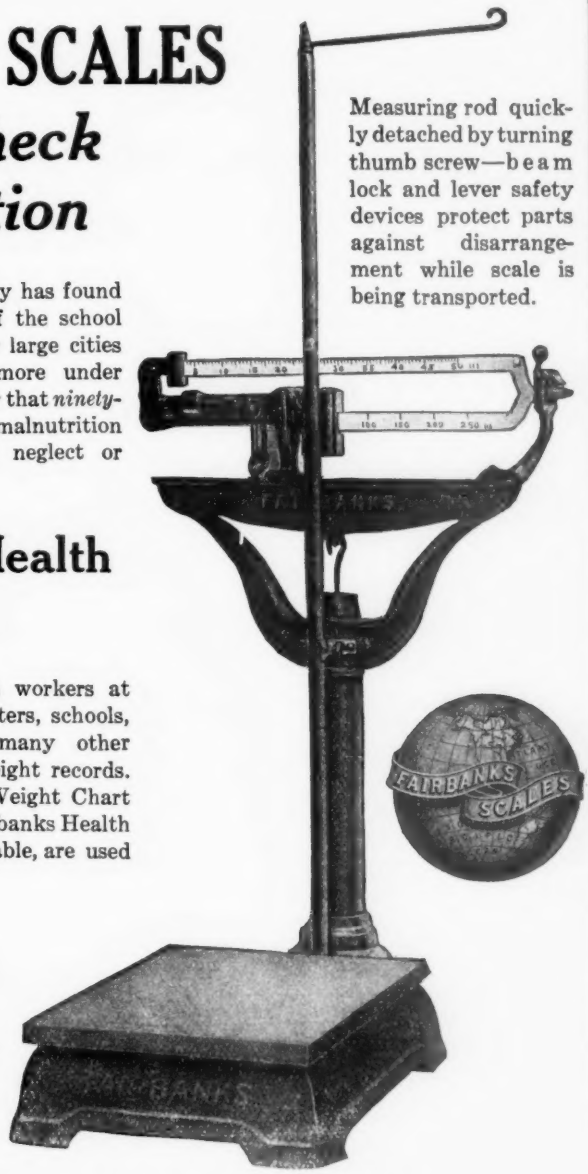

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"OUR NURSE"

The PUBLIC HEALTH NURSE

Volume XIV JANUARY 1922 Number One

EDITORIAL

THE RESIGNATION OF MISS PATTERSON

IT HAS been generally understood that when Miss Patterson was appointed as Director, her appointment was by her own desire limited in point of time. It is perhaps not so well known that Miss Patterson twice extended this service against her own interests and wishes in order to serve the Organization until it was possible to secure a permanent Director.

Those who have followed the problems of the Organization during the last year will realize that it has lived through perhaps the most critical period of its career. That it has now emerged from these vicissitudes we believe stronger and more united than ever, with the confidence of its members and friends unshaken and with hopes of greatly increased usefulness, is in large measure due to the quiet persistent labors and the clear and open mind of Florence Patterson.

One of the most important recent decisions the Organization has made was the move into our new headquarters with all it entailed of careful consideration and adjustment, that we might worthily take our share in this new coalition of health agencies with untried responsibilities. Here again Miss Patterson's genius for harmonious and orderly development has been proved in the relations our Organization has—without outward difficulties—built up in these new affiliations.

Those who have worked closely with Miss Patterson realize what the gift of her discriminating intelligence, her gracious personality and her immensely generous service have meant during the past year. Those who have not been so near will nevertheless know of it, because of their sense of the enduring strength and influence of our Organization. Perhaps the ancient symbol of the torch-bearer is that which instinctively comes to our minds: "All our skill lies in giving to the hand of the next bearer the living torch, bright and unflickering, as we ourselves disappear."

Nevertheless, that counsel and wise consideration of our problems upon which we have learned to rely must not disappear as long as Florence Patterson is willing to give.

Reluctant as we were to relinquish Miss Patterson's wise leadership we congratulate ourselves that we have secured a worthy successor in Miss Anne Stevens. Miss Stevens' name is known the country over for the

excellent work developed by the New York Maternity Center Association under her guidance during the last three years.

Miss Stevens is a Public Health Nurse of several years' experience, and has demonstrated her exceptional skill as an administrator, a team worker, a counselor and leader. She stands high in the esteem of all who have worked with her or know her. We are indeed fortunate to secure so able a woman as Miss Stevens for our new Director.

A NEW YEAR'S MESSAGE

HAPPY New Year to all our members and friends! We have cause for rejoicing, for the National Organization for Public Health Nursing has stood the test of a severe financial depression and a sharp reduction in program and personnel and has come through in good condition and with flying colors. The coming year gives promise of better times for our Organization.

New Year's finds us with a safe balance and bright prospects of being able to secure a good working income for the next twelve months. We have been able to resume all the activities which were suspended last spring with the exception of our placement work which we hope to reopen in February co-operatively with the American Nurses Association and the National League of Nursing Education.

We have again built up our staff. The positions which we were forced to discontinue have been or are about to be refilled. We are now once more in a position to do good work without the handicaps of poverty and of being under-manned. This does not mean that we have all we need either in funds or personnel. When the day comes in which our vision no longer outstrips our means, our Organization will begin to decline. We cannot afford to relax our efforts to increase our membership one jot or to do everything in our power to strengthen and support the work of the Organization. Nor does it mean that we shall not feel the loss of our able leader, Miss Patterson, whose resignation we so keenly regret. She has earned our gratitude and admiration by guiding us in a masterly way through a difficult year. She now turns the helm over to Miss Stevens, under whose leadership we shall go forward steadily and wisely.

Again we say we have cause for rejoicing and can look forward indeed to a Happy New Year.

Elizabeth Gordon Fox,
President

The attention of our readers is called to a forthcoming article by Dr. Richard Olding Beard which is to appear in the February issue of "The Pictorial Review." The title of this article, we believe, will be "Fair Play for Trained Nurses," and in it Dr. Beard replies to the statements recently made by Dr. Mayo in criticism of the nursing profession.

INDUSTRIAL NURSING AS A MEANS OF FIGHTING TUBERCULOSIS*

By LEE K. FRANKEL, Ph. D.

Third Vice-President, Metropolitan Life Insurance Company
New York

I HAVE come here this afternoon without any prepared address because I thought it would be a much better method if we could just have a heart to heart talk and have an opportunity of thinking out loud on a subject which is a comparatively new one and about which we know very little. As a matter of fact, we have no definition as yet, as to what we mean by industrial nursing.

I am going to take the liberty of dividing up what I have to say into two distinct parts. First of all the work is done by the industrial nurse as she is generally understood; that is a nurse attached to or connected with some large industrial plant where it is her business and part of her duties to look after the employees of the establishment, in connection with the hospital or clinic connected therewith and, as occasionally happens, to look after the interests of the employees in the employees' homes.

In addition to that, there is a comparatively new line of industrial nursing that is not done by the individual plant nurses, but which is being done more or less extensively today throughout the United States, and Canada as well. I refer to visiting nurses' associations giving bedside care, who are, as a matter of wise enterprise, making contracts with industries or occasionally with insurance companies through so-called group insurance under which they look after the welfare of employees who may be insured under such policies.

All that we will attempt to do today is to find out what is the philosophy of industrial nursing. To my mind, this subject should not be limited to the work of the industrial nurse in the fight against tuberculosis but should be broader and more generally regarded.

With the industrial nurse in the fight against disease, tuberculosis is simply one of the manifestations of conditions in industry. Tuberculosis is a disease which may come from other causes. There may be social conditions which produce it as they likewise produce other diseases. Not only industrial environment, and sanitary conditions in the factories, but sanitary conditions in the home and previous illness of employees all have a general bearing in the fight against tuberculosis.

In discussing this matter, we might as well look at it from the broadest standpoint and determine what is the function of the industrial nurse, not only in the fight against tuberculosis but in the fight against disease and particularly in the fight for the prevention of disease in industry. Now, of course, we might say that statistics were necessary in order to show to what extent industry was responsible for disease. No one will deny for a moment today, as a result of inquiries by the Government and other authorities, that there is a very distinct relationship between certain types of disease and the condition of the plants in which people work.

It is not quite clear today as to what extent conditions in industry bring about tuberculosis. I think statistics will show that there are certain specific diseases which can be laid directly to the door of certain industries. In the development of better industrial relations, more and more employers are beginning to realize that it is a matter of wise business to give ill employees necessary service.

*Reprinted from Transactions of Seventh Annual Meeting of the National Tuberculosis Association. Address given before Tuberculosis Section of the N. O. P. H. N.

More and more employers realize that it is a part of the function of industry to look after and care for the physical welfare of employees.

There are questions which arise as to the duties of the industrial nurse. What is she to do, particularly in regard to her work with physicians? In the development of nursing in the larger industrial plants, it may be safely said that the physicians came first. The first thing that the employers did was to employ physicians to look after the welfare of their employees. Subsequently nurses were engaged to carry out the instructions of the medical directors of the plant and to help them in their work. On the other hand, there are industries in which there is no medical direction but in which a nurse has been placed in charge to look after the welfare of those entrusted to her care.

When we come to the question of the work being done in industry by the industrial nurses or visiting nurse associations, we meet an entirely different situation. There is a rule of nursing associations that no service may be given by a nurse unless a physician is in attendance. The family physician may have no relationship whatever to the employer. In these cases it is not the physician but the nurse who makes the contact between the physician and the industry.

There are other implications today contained in industrial nursing, or as I perfer to call it, *public health nursing in industry.* The public health nurse in industry is, to my mind, the educator. Her fundamental task is to educate not only the employee, but the employer as well. There are certain things which the nurse and the nurse alone can do (and I say this with all due respect to the medical profession). The nurse will have to meet responsibilities in industry which will be hers, rather than the physician's, because she has the possibility of making intimate contacts in the home, which are given to but few people. The relations of the nurse with the family will necessarily become very intimate, much more so as a rule, than could be accomplished by a physician.

This gives the industrial nurse a remarkable opportunity. It is an opportunity for coming in close personal contact and close personal friendship with her patients and their families. It is a relationship in which the family practically places itself into the hands of one whom they consider to be one of them. It is because of this trust that the nurse is enabled to carry on educational work in the home, which is so necessary today, if we are to carry on, not only the fight against tuberculosis, but the fight against all disease.

The value of a nurse depends upon her ability to accomplish certain things. We believe that we are developing today a rational and sane method for reducing tuberculosis and that is just as true anywhere else as here. The opportunities in industry are much more pronounced than they are in a general community. We are all convinced that what industry must do with its employees is precisely what it does with its machinery and stock. There is no employer today, there is no manufacturer with whom you are connected, who does not consider it essential in his business to take a periodic inventory of materials and machinery. No man would run along year after year without knowing how much stock he has on hand, how much depreciation there has been in the machinery, or without knowing at the end of a year how much he is worth or how much there is to his credit or the reverse.

Industry must be taught that the same thing holds true of human machinery and that a periodic inventory must be taken of it in precisely the same manner that an inventory is taken of other commodities.

Industry will do this when employers realize this fact which has not been brought to them. Industries have grown so large that frequently employers are no longer able to make personal contracts with their workmen and do not know the condition of their human material. I should

say that one of the great functions of the nurse in industry is to adjust her work so that she can bring home to employers the need for periodic medical examination.

The objection to such examinations has not come primarily from employers. Frequently objection has come from the workmen. They are suspicious and fear that in certain instances such examination may mean the loss of their positions. It is the tactful nurse who can go into the employee's home, and, in nursing his wife or children, can bring to him the realization of what physical examination means. She can make him see that it is something for his benefit and not necessarily for the benefit of the employer.

It is the nurse, whether she comes into the man's home through the industry or whether she comes in through the visiting nurses' association, who has the opportunity of carrying on educational work, of preaching the gospel of better health and the fact that people need not necessarily suffer from disease. She can probably instill into the minds of thousands of employees the thought that reasonable co-operation with employers in their welfare efforts will redound to the benefit of the employee.

Another great value of industrial nursing is that the nurse is able to teach the employer. I think there is nothing more pathetic in industry than the fact that during the last century employers have drifted apart from workmen. This is possibly a result which could not be prevented. In the old days, if a man worked at a bench as a shoemaker, he made the entire shoe; he didn't make part of the shoe. When he wanted help, he took in an apprentice. That apprentice lived at the home of his employer, studied under him and learned the trade under him, continued to work under him and very likely married the daughter of his employer and at the death of his employer, carried on the business. You can see that condition today in England and other European countries. You can see signs out in front of stores or houses advertising shoemakers, saddlers, bootmakers and other trades which have been there for generations; one after another of the members of the family have come into possession of the business.

With the introduction of machinery, that was all changed. Today we have great, large industries where the employers are very much detached from the employees and it happens only too frequently that the employer has no knowledge of conditions in the homes of his employees. The instances are only too frequent where men come in to work and are accused of listlessness, indifference, or of soldiering on the job, as it is called; where they turn out bad work and ruin work and are kicked out or fired. The employer may not know that such indifference or listlessness may have been caused by sickness in the employee's home and that he may have sat up nights nursing a sick wife or child. It is the industrial nurse who goes into the homes who sees these conditions, and who knows the intimate secrets of the home. It is the business of the industrial nurse, primarily, to bring to the knowledge of employers the home conditions of the people whom they employ; to know their habits, to know their needs, not merely during the eight hours of work but the conditions as they exist in the homes at all times.

Today industry must know these things because if industry doesn't industry cannot be properly regulated. The employer with a conscience and who looks into the future, knows the conditions which exist in the homes of the people whom he employs, as well as the conditions which exist in his own plant. In the future it will be the industrial nurse who will be called on to watch conditions in factory and mill, in industry itself. If conditions are unhygienic, or unsanitary, if there are swamp-spots around the factory, if men are overworked, if hours are too long, if women are working under conditions

which are bad for women or if any other conditions exist, the industrial nurse will have an opportunity to see and study these things, because she is there on the job.

I consider this to be the duty today of the industrial nurse. In addition to her purely professional activities and responsibilities, it is her business and part of her profession to bring home to industry a realization of industry's responsibility. It is part of the duty of such a nurse to see that industry takes proper care of its employees, not only by seeing that their homes and surroundings are proper, but that they get proper food, live in decent houses and have time for rest and recreation. It is also her duty to see that there are sanitary conditions in the plant and that the safety conditions are at the maximum.

When we can get these things, when the nurse can get into a right relationship with the employer, get his sympathetic co-operation and goodwill and make him see the larger vision of his relationship to his employees, then we are going to see among the early results the introduction of periodic health examination. The inevitable result will be that we are going to find cases of tuberculosis that are unknown today. We are going to find early treatment and every probability of cure.

Nothing is as clear as the results of the Framingham experiment. It was shown, as a result of examinations conducted there on two-thirds of the population, that the number of cases of tuberculosis which were known was entirely too small. We are not beginning to reach all the early cases, the advanced cases or the incipient cases, and the only way we are going to do this is by means of these periodic examinations. With the proper desire on the part of the employer and willingness on the part of the employee, we are going to save hundreds of lives—thousands of lives—in this country if we can find in industry the early cases of tuberculosis.

I do not believe there is anything of greater satisfaction to the officers of the company with which I am connected than the realization there are working at No. 1 Madison Avenue, New York, approximately 275 employees, all of whom had tuberculosis. They were given treatment in the company's sanatorium and today are back at work. They are likely to live for many years to come by reason of the fact that the effort was made to find them in the earliest stages of the disease and give them treatment when their condition was still hopeful. In other words, the company compelled them to undergo a medical examination periodically. Our nurses go into the homes of our employees. They find those who are ill or broken down, or weary, or tired. When they return to work the nurse sees to it that they are examined. It is in this group that we find many of the early stage cases. It is these whom we sent to the sanatorium and eventually returned 85 per cent of them with the disease corrected.

Last winter, when I was in the South, I was amazed to find in one large community a great big industrial plant employing fifty doctors of its own and a large number of nurses and having a hospital on which it was spending one million dollars for the care of its employees and seeing that every man, woman and child (including the wives and children of the employees), was given the proper attention and seeing to it that the nurses were going into the homes, not merely when sickness was there, but at all times. They watched the families and gave them just as much attention, just as much care and just as much thought as we have been in the habit of giving, during the past years, to our live stock—cattle and pigs and other things which seem to have more material value. Every nurse employed in that industry realizes not only her great responsibility but her great opportunity.

I hope you women can see the vision of the future, the possibilities that lie in your hands for the improvement of the public health. I hope you realize the responsibility of going out

among the people entrusted to your care and gaining their confidence and goodwill and giving them words of advice which will mean health to them. When you can get your people to do the things they ought to do, when you can get hold of them in such a way as to cause them to trust you, then you are going to find the early cases of tuberculosis and the conditions in the home or factory which bring it about; then you are going to see that cases get proper treatment at the proper time. Then the industrial public health nurse will be doing everything in her field in the fight for the eradication of tuberculosis.

NURSING MEXICANS IN TEXAS

RECENTLY I had my first call into a Mexican settlement named Porto Rico, a distance of a mile and a half from town. This is the fourth settlement, and only now I am realizing that a seven thousand Mexican population really exists in Del Rio, Texas. I made this call with the County Health Officer, and found a young Mexican boy aged seven years, in a dug-out. He was purposely placed there because it was considered cool, but we soon convinced the parents that fresh air was necessary. The patient had a cut on the foot and Tetanus had already developed. On my return trip I was delighted to find the patient placed in the house. This was an opportunity to demonstrate general nursing care.

On looking round the room I observed an old woman lying on a cot, and on asking if she were sick was told that she was the patient's great-great-grandmother and was one hundred and seven years old. She was like a baby and could not walk. From the doctor I learned of the great patriotism of this family during the war. Three sons were called and none asked for exemption; one went overseas, and the old father was glad to have his sons fight for their adopted country.

Another case is that of a young Mexican girl aged twelve years, suffering from general Dermititis, involving every part of the body. Infection occurred last February from poison ivy or oak. Ignorance and poverty prevented proper treatment, but various treatments peculiar to the Mexicans were tried. The so-called Mexican doctor was called in, who asked me if I wanted to see an interesting case of skin disease. I responded gladly, being always on the look-out for smallpox. After driving about a mile from town along the beautiful San Felipe stream we came to a little Mexican "jackal" (hut) made of willow poles, walled in and out like wicker-work, covered with grass, but comparatively clean. A typical Mexican family greeted us—children of all ages, different styles of clothing, some minus clothing—chickens, plants and, the most valuable possession, a Pelon dog, whose mere presence prevents the spread of disease! No doubt all nurses in Texas are familiar with its wonderful power; there have been times in my experience that it was a keen competitor, but not in this case.

We entered the house, which consisted of one room used for all purposes. In the center of the room the patient was sitting up in bed, her hands and face badly swollen and Ichthyol applied; I could scarcely recognize her as a young girl. I asked questions as to the length of the illness, etc., but not understanding the Spanish language clearly, and having less knowledge of poisonous plants did not get very far, until to my consternation a young boy suddenly dropped a handful of green leaves into my lap, informing me that the poison came from that plant! Being a little doubtful of the diagnosis I suggested calling the County Health Officer, and this was met with approval. He verified the diagnosis as correct and considered it a very rare case. I have made several visits since; the condition is greatly improved and the child able to walk. (*Mary Fitz-Simon, Val Verde County, Del Rio, Texas*)

A DISCUSSION

OF THE CHARACTERISTIC VALUES AND LIMITATIONS OF LAY MEMBERS ON A PROFESSIONAL DIRECTORATE

Editor's Note—Expressions of opinion on this subject from our readers will be welcomed.

DURING the war the whole world had but a single thought—to make the world a safe place in which to live. There was no question as to who should do or who could do the most important work. Everybody did his bit, from fighting in the trenches to giving up sugar and the movies. But everybody did do something and did that something as well as it was possible to do it. There was Mrs. O'Grady, hobnobbing with the Colonel's lady, while their sons were struggling side by side and each appreciating the fineness of the other.

Now that the world is a safer place to live, bought at a great price, which only those who were there will ever know, is it not possible to carry over that great spirit of "carrying on" to the same great people who "did their bit" humbly and graciously by turning their attention to the building up of sound minds in strong bodies to live in this safer world?

Money alone does not do the job. It will take time, much thought and the intelligent sympathy of lay as well as professional people. It's a great task to be done. The ones who are the most valuable are the ones who are the most earnest about getting it done. It is not the work of the Public Health Nurse any more than it is the work of every member of the community. They may pay her a salary to do the work, but she will only get as far as the interest of the community takes her.

Membership in the National Organization for Public Health Nursing is the first step to take in helping your community to "carry on." The National Organization stands for the highest standard of educational health work for communities. Inasmuch as this health work is to be given to communities, is it not essential that lay members should have some voice in what work should be done from their point of view, as well as from the angle of the skilled workers in the field; and how can they better be represented than on the Board of the N. O. P. H. N.?

The National Organization, in revising its By-Laws, is recommending a larger representation of lay members on the Board of Directors and is making every effort to work out an acceptable proportion.

Mary Laird

A CALENDAR FOR THE NEW YEAR

The 1922 calendar "Early Leaders in American Nursing" can be purchased after Christmas. While very extensive publicity has been given to this calendar, the Committee feels that many training schools and nursing organizations, as well as individual nurses have not realized its value and have delayed placing their orders:

The Committee deeply appreciates the praise and satisfaction that is being expressed regarding this publication, and the opinion prevails that every training school library, every nursing organization, and in fact every graduate nurse, should possess this interesting and valuable historical collection

Address all orders to:

Publications Committee,
National League of Nursing Education,
370 7th Ave., New York City.

THE YOUNG MOTHER parried the question of becoming a SUSTAINING MEMBER of the NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING.

"Well," she said at length, "if you can show me how my membership will have a part in making the Babies of our country better, I will surely join."

And This Story Was Told Her—

It was a skeptical Town-Board that voted the funds for a Public Health Nurse—skeptical, because they knew little of this profession. But they had heard that this was the "progressive step" other towns were taking, and because they prided themselves on being progressive, they, too, decided in favor of a Public Health Nurse.

The Public Health Nurse came, young and enthusiastic, to carry out her program of Health and Disease-Prevention.

And she rejoiced over her work—and there was much of it, for a few days showed her how neglectful of health rules or uninformed of health ordinances many of the citizens were.

But in a still shorter time she had sensed the skepticism of the Town-Board. And she knew that her task was two-fold.

As the days passed, she realized that her biggest problem was the Babies—the poorly fed, undernourished Babies. And each day she discovered more Babies and more Babies who needed her care.

Then in anxiety for the People she wrote to the National Organization. "What shall I do? There are so many Babies. One Nurse cannot care for them all, and yet if this One Nurse does not make good, the Town-Board will vote away even this One Nurse."

She had her answer, and soon Baby Clinics were being held in the various parts of the Town. Doctors were giving their time freely and gladly.

The mothers learned how to feed Baby, how to clothe him, how to bathe him, and how to do everything else for him. For weeks after, the Town-Slogan was, "Cherish the Baby."

The Town-Board's Public Health Nurse had won. But she knew that without the National Organization the task would have been much longer and more difficult.

And the Young Mother Gladly Became a Sustaining Member of the National Organizaton.

ARE YOU A YOUNG MOTHER? OR HAVE YOU A REAL INTEREST IN BABIES?

PICTURES FROM FRANCE

Nurses of the Public Health Nursing Service of the American Committee for Devastated France. Mrs. Breckinridge is in the center.

READERS of *The Public Health Nurse* will be interested in some pictures from France, which we are able to publish through the courtesy of two French nurses, Mdlle. Marcelle Monod and Mdlle. Sarah H. Peiron, who recently spent several months in the United States as Red Cross scholarship nurses. Graduates of the Florence Nightingale Training School of Bordeaux, these nurses are members of the staff of the Public Health Nursing Service of the American Committee for Devastated France—a Nursing Service which has taken the French graduates of the only real Hospital School of Nursing in France and given them "such a demonstration of the public value of trained nursing that a standard has been fixed, both in work and in ethical relations with physicians."

The Director of the League of Red Cross Societies, Miss Alice Fitzgerald, requested that British and American nurses taking the course in Public Health organized by the League at King's College University of London might come into this nursing service for a period of time, "to give these nurses an opportunity to see what can be done in a devastated district and an experience they cannot secure in any other way."

The work began in answer to the appeal of one group of mothers and babies in one little shattered village. To quote from a report of its work*:

* "Special Report of the Commissioner, Mrs. A. M. Dike, American Committee for Devastated France; April 1, 1920, to January 1, 1921." From section on Public Health Nursing and Medical Service.

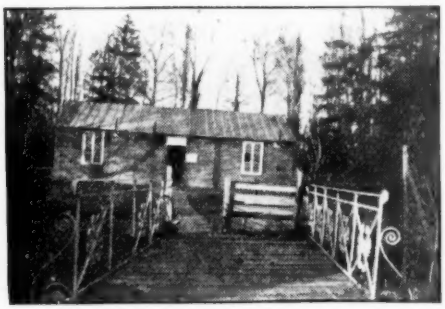
DISAPPOINTMENT!

Word has just come that the doctor has been called to a maternity case and will not be able to pay his expected visit. In the devastated regions women whose homes had been destroyed often had to take refuge in old dugouts, and many times the nurses have cared for mothers and their new-born babies in such "homes."

"It spread over the area covered by the American Committee because everywhere there was the same appeal. It has confined itself to this limited area because neither the funds nor the trained personnel have been available to permit its extension. But so rigid has it maintained its standard of personnel as of work—and so devoted have been the French nurses who are giving their youth to its development, that it has already reached a place of international importance as a demonstration field for the work of graduate nurses unique on the continent of Europe. . . . .

The staff, which began with one graduate nurse and now includes sixteen in the Aisne, two on scholarships in America and seven in Rheims, has had in the Aisne alone in the past nine months, nearly nine thousand patients for instruction or nursing; has accompanied over a thousand to hospitals, dispensaries, doctors' offices and to an oculist, and cared for seventy-four in a convalescent home. It has transported nearly thirty thousand litres of fresh milk to the babies and old people in Soissons—and distributed in the village in addition to the supplementary four-o'clock cocoa and biscuit feeding, over thirty-eight thousand pounds of dried milk, codliver oil, oatmeal and other food stuffs to babies, nursing mothers and debilitated children with marked benefit in

Helping the mothers of France and their little ones. Mdlle. Peiron, the nurse in this picture, recently visited the United States as a Red Cross scholarship nurse from France.



Where the Nurses Live

restoring them to a normal pre-war condition.

It has engaged local physicians for weekly consultations, in all of its county seats, and semi-annual consultation in every school, where each child has been examined at least once, weighed, measured and treated for defects. It has paid for over three hundred medical visits to the poor; has done all the disinfection in the four counties and Soissons for communicable disease by order of the Prefecture, as Sanitary Officers under the Board of Health, and has collaborated with the doctors in suppressing several incipient epidemics of scarlet fever and diphtheria—paying for the antitoxin necessary in the latter.

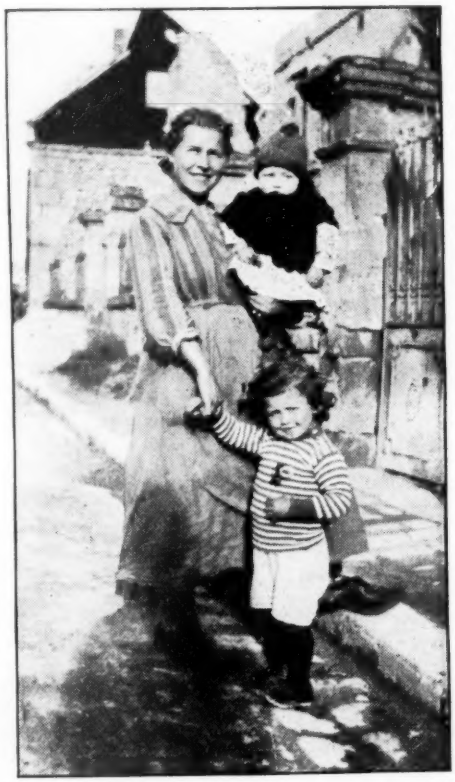
In addition to its baby hygiene, school work and home nursing, it has given prenatal care and layettes to nearly six hundred women. These were gifts from America or made in the Ouvroir.

In visits made in the homes and received at consultations in schools and dispensaries, it has had an attendance larger than the total population of the area covered."

In a pamphlet* received recently from France the writer describes his first vision of a French Visiting Nurse. It had just stopped raining and he stood watching the *gamins* who had recommenced their play—admiring them for their freedom from care and easy enthusiasm and enjoyment of existence, yet pitying them too, because their playground was the street and they were pale and dirty; and he dreamt of the time when enlightened and judicious care could be provided for them.

At that moment there passed by a young woman in uniform, riding a bicycle and negotiating the wet pavements quickly, yet carefully. Who could this young woman be, and where was she hurrying on this wet morning? An inquiry brought forth the response that she was from the Florence Nightingale Training School and was returning from a boy's school in the neighborhood, where she was "*infirmiere visiteuse.*"

"I unconsciously translated these words '*infirmiere-visiteuse*,' " went on the writer, "into '*Visiting Nurse*'—a name that I had often heard in London during my sojourn in England, and which I frequently read in the journals, reviews and pamphlets which come to me from America."



These little ones show the results of good care

But now, at last, he had made a great discovery—"There are French 'Visiting Nurses!' "

*"L'Exemple de Florence Nightingale," Charles D. Morris. Paris.

SUPERVISION OF CHILD PLACING*

By WILFRED REYNOLDS

Superintendent of the Illinois Home and Aid Society

THERE are three types of children who must be cared for outside of their own homes. First, there is the delinquent; this is the older boy or girl who is unmanageable and must be removed for purposes of discipline. Second, is the dependent or neglected child who is normal but uncared for. Third, we have the defective who has some such serious mental or physical defect that he is not capable of living in the normal family. Certain children may be a combination of all three of these classes but, after all, these are the three fundamental groups.

There are two methods of caring for children outside of their own homes. One is the institutional method and the other is the foster-family-home method. Both are necessary for different groups of children.

The institutional method must be used, first, for the confirmed delinquent, that is, the child who has failed to respond to the recreational, probational and other methods which have been first used; second, for the group so mentally defective as not to be able to live a normal life, to marry, reproduce and become economically independent; and third, for the physically defective group, as, for example, children suffering from infectious conditions such as venereal disease or certain types of epileptics. There is a borderline group of children some of whom must be finally sent into institutions, but some of whom can be cared for in other ways.

The foster-family-home method is the better for children outside of those mentioned above. There are two forms of this family home method. One is the boarding-out form and the other is that of placing children for adoption. In the boarding-out-home must be placed all infants, at least until they have been proved to be potentially normal. They must be boarded out rather than placed in institutions for various physical reasons. The death rate for children in institutions is very much higher than for children kept in homes. In institutions the death rate averages from 25 per cent to 75 per cent while in boarding-out-homes it varies from 2 per cent to 10 per cent. This is due to the increased dangers of infection and to that more subtle fact, the great instability of the infant nervous system which causes it to be in no condition to be jostled by the presence of numerous other children. Experiments made upon two babies, apparently equal in their physical possibilities, when one was left alone in a tent or room and the other put in the ward with other children, have always resulted in the much more rapid physical development of the baby that is kept by itself.

The infant should also be put in a boarding-out-home instead of being placed immediately for adoption in a family. This at first sight seems strange as there are so many families anxious to obtain a baby for adoption and as the expense for boarding a baby amounts to $1.00 a day or more, but the responsibility of placing a child in a family is so serious that it is necessary to know all that can be learned about the baby first. There will be found a number of these infants that should not be placed in homes for adoption on account of inherited physical and mental conditions that make them unsuitable for such adoption.

In the case of the illegitimate child, of whom there are very many in our modern life, it is first necessary to settle the problem of the child's own father and mother. A child should never be placed for adoption unless

*Address given at Supervisors' Institute, Chicago, May, 1921.

it has been proved to be potentially normal and unless, after careful study, it seems to be unwise or impossible for it to be assimilated into its own family. In cases where a satisfactory marriage can be arranged between the two parents the child should be placed with its own mother, or, if the mother marries another man who is willing to assume responsibility for the child, such an arrangement is also possible. Sometimes the child may be adopted by relatives of the mother and sometimes the mother will board her child and, by working, pay for its board and retain guardianship. The result of this last solution of the question from the point of view of the best good of both child and mother is still uncertain. To sum it up, if natural resources are obtainable, the most natural and, on the whole, wisest solution will be found by using these.

Another group of children who must be placed in boarding-out-homes instead of being adopted are those of the temporarily embarrassed parents. In this case boarding the child out is the most economical and wisest method possible.

When the child is adopted into a permanent home it means that he is legally and technically separated from his natural resources. Of the group of children from which these adopted children are chosen we have the orphans, who are about 15 per cent of the total number, and we have the grossly neglected children. This last group is one of the greatest problems because it usually comes from generations of neglectful and defective people and the question of whether the child will ever develop into a normal individual is a difficult one. A third group of children who may be placed in homes for free care or adoption are boys and girls old enough to make themselves useful, and partly at least, earn their own keep.

There are certain standards which should be held by every placing out agency. A few years ago in the East there were so many children waiting for care of some kind or other that carloads of them were shipped to various parts of the country and adopted out promiscuously by all sorts of people. This method of handling was unfair and unwise both on account of the children and the people who adopted them.

Any properly qualified and organized agency must first provide means for determining the condition of the child and also means for preparing that child for family life. Often because of physical defects he is not free to develop properly. There must be proper machinery for selection of the family and for placing and supervising the child. Trained investigators are necessary for this work. Every neglected child has behind him more than one generation of neglect in some form. Thus these children usually have some physical defect, such as adenoids, bow-legs, tubercular tendencies, or venereal disease. In Illinois there is at Evanston a clinical receiving station or hospital where these children are kept for observation and examination. On entrance they are placed in a detention ward for ten days; a throat culture and a Wasserman test are immediately taken and the family and the personal history of the child is obtained to guide the doctor and the nurse in their observations. If the Wasserman test comes back positive the child is immediately taken to some other institution for treatment.

All children are admitted to this receiving ward by means of an outside stairway and there are isolation rooms for cases suspected of being contagious.

The nurse first takes the temperature, pulse and respiration. The child is stripped and bathed, the skin, scalp and general condition observed and report made to the doctor. If the child appears normal he is permitted to await the doctor and dentist, the temperature and pulse being taken every two hours for forty-eight hours. The pediatrician examines all children on Saturday morning. The dentist makes his examination on

Monday and the eye, ear, nose and throat specialist on Tuesday morning. The eyes, teeth, etc., are taken care of after the ten days detention period and every Thursday throat operations are performed. The mental tests are not made until this preliminary work is finished. Only after all this is accomplished is it time to begin to think of a home for this child, as by this time the disposition of the child and its temperament have also been observed. A record of all work done during this period is kept. This rigid program has been in operation for only eighteen months. During this last year seventy-one new children have been placed for adoption and only six had lost their home at the end of the year.

*With regard to the age at which a child will be placed by this society, it is not possible to make a statement on the basis of months or years. It can only be said that all preliminary tests must first be made in order to prove, as nearly as possible, that the child is potentially capable of developing into a normal individual. Often no attention of this nature is given by agencies. An investigator and supervisor for every seventy-five to one hundred children must be employed who are experts in their line and one supervisor to every fifty children boarded out has proved necessary. The supervisor must visit each of these children every two or three weeks. Babies boarded out must also have a trained nurse to visit them. There should be about two nurses to every seventy-five babies.

Only one or two children are boarded out in one family unless there is a family of brothers and sisters, in which case as many as five have been admitted to one home.

While, in cases where there are fundamental inherited weaknesses, such as feeble-mindedness or insanity, environment can do little for the child, there are certain borderline cases where mental traits or weaknesses are carefully guarded and improved by environment so that a normal individual can be developed.

* The concluding statements were made in response to questions asked by those attending the Institute.

A NEW PATIENT

While up in an isolated district in the mountains conducting some classes in "Home Hygiene and Care of the Sick," it was my privilege to visit some of the schools in the vicinity for the County Nurse. One of the children was taken quite ill during this period of time. My time not being fully taken up with the classes I was able to do some visiting nursing and the little fellow became quite a favorite. On one visit the mother met me laughing and announcing that I had a new patient, or would have soon, as that morning a little brother of the sick boy who had been observing my attentions to his brother had said to her, "Mother, how bad a *temper* did brother have?" She told him she thought it was pretty bad at times and he insisted upon her taking his temperature. When she inquired why, he said, "Well, mother, I've got all the pains and now if I get the temper, surely the nurse will come to see me too, won't she?"—*V. Margaret Van Scoyoc.*

MEETING OF AMERICAN COUNTRY LIFE ASSOCIATION

By STELLA FULLER

THE annual meeting of the American Country Life Association just held in New Orleans brought together farm men, farm women, town men, town women, ministers and church leaders, Y. W. and Y. M. workers, teachers and college professors, librarians, social workers and investigators, county agents and home demonstration agents, farm bureau and grange leaders, Red Cross workers, Public Health Nurses and many others interested in country life.

The subject of the Conference: "The Village or Town and the Outlying Country: What Should be their Relationship?" was discussed for three days (Nov. 10th, 11th, and 12th) from the stand point of trade, social, school, church, and health relationship. There were reports from the standing committees covering rural government and legislation, rural organization, country planning, rural sociology, recreation and social life, morals and religion, charities and corrections, rural leadership, education, health and home making.

The American Country Life Association is a constituent member of the National Council of Agencies engaged in Rural Social Work. The functions of the two are, however distinct. The Association is a conference body, whose membership is made up of individuals. The Council is an advisory body whose membership is made up of representatives of national agencies or organizations. The purpose of the Council is to enable the association agencies to discuss their programs and policies with other agencies of the Council and to prevent over-lapping and duplication of rural social work to enable the association agencies to co-ordinate their programs and to act jointly in investigating and promoting needed rural social work. The Council has advisory functions only, and agencies in the Council are not bound to assume any financial obligation.

Mr. Kenyon L. Butterfield, President of the American Country Life Association is Chairman of the Council, Mr. E. C. Linderman is the Secretary.

The results of the New Orleans Conference will undoubtedly influence rural life to a considerable degree. The workers who came to the meeting "with one window"—it may have been health, education, trade relationship or what not—went away with many windows. That is, they realized perhaps for the first time, that there are many sides to the improvement of rural conditions and no program can be worked out successfully if independent of other programs which should be co-ordinated.

The members of the conference who were "born and brought up" in the country saw many hopeful signs of a change of heart on the part of the city people who have been interested in rural sociology.

1st—They are going to work *with* instead of *for*.

2nd—They are going to ask the country people what they would like to *do*, or to *have* rather than telling them what they *ought* to do.

3rd—In future more attention will be given to telling the world of the advantages of farm life.

The needs of the country according to the farm people themselves are: consolidated schools, county health programs covering both town and country, traveling libraries, community churches with preachers trained in rural sociology, more recreation, better means of looking after those needing charity and correction, and better means of trade relationship with near-by towns. It is time to stop pitying the farm woman. She doesn't want pity or patronage. What we need is closer relationship between town and country.

RECORDS OF PUBLIC HEALTH NURSING

By LOUIS I. DUBLIN, Ph. D.

LECTURE V. THE ANNUAL REPORT

THE Annual Report is the chief record produced by public health nursing associations. It is for this reason that we must give careful consideration to it in our series of lectures on record keeping. Whatever statistics these associations compile during the year find their way usually into the annual report. The report is the logical medium for the presentation of the end results of such studies as may have been attempted. This principle is generally understood; but even a cursory examination of the annual statements issued by the visiting nursing associations of the country will show that there is as yet little unanimity of opinion as to the form such reports should take, the material that should go into them, and the uses which they should serve. Very recently, in fact as these pages are being written, one report, that for the Nursing Association of Boston, has come to hand, which shows how valuable such a document can be. Miss Beard has produced a statement so matured in judgment, and so instructive of the work it covers, that it may well serve as a model for other organizations, and we will keep it in mind as we progress with our discussion. It is, nevertheless, true that only a very few leaders in the public health nursing movement as yet realize the great possibilities of the annual report as a medium for the critical study of their own experience and for comparisons with the nursing work in other places. It is still impossible for the public health statistician to obtain a picture of the condition of public health nursing throughout the country from the reports of such work that are now available. A rare opportunity is thus lost to evaluate this important agency in the public health field.

Most annual reports I have seen appear to have been prepared primarily for the sight of the Board of Directors of the Associations. The Directors raise the funds, are responsible for the expenditures, often make the largest personal contributions and make good the deficits. The reports then usually emphasize such matters as the Board finds most interesting, namely, the finances of the Association. The facts of income and of disbursement are played up, but the much more important data on the work done, the accounting of service, is only lightly touched on. Apart from the total number of cases of sickness, perhaps also the total number of visits, little of the very interesting information in the hands of the Superintendent usually finds its way into print. One would have to look far for reports which discuss the kind of cases cared for according to disease, the character of the results achieved, the amount of cooperation received from other agencies and a host of other items which naturally come to mind when we think of the essential elements of a nursing service.

But, as we have intimated, the most serious defect in the annual reports of nursing organizations is the lack of uniformity in the presentation of their material. In this respect, the reports reflect the still unsettled state of nursing work itself, the great variety of procedures, the different aims and even the different organization and personnel which more or less characterize the associations all over the country. The standardizing of the annual reports may be one way by which the other details of organization may be brought into greater harmony among the associations. This, I believe, is the aim of the leaders of public health nursing.

What then should the annual report of a nursing association contain? This question will be more readily answered by considering first, for

whom it is intended. We should have in mind the groups whom we hope to reach and what we hope to obtain from each of them through their interest and service. An agency which is as important in the community as a nursing organization should make a large appeal. The annual report, as we conceive it, should satisfy the interest of three principal groups: the supporting public, the Board which is responsible for the management, and the staff. One should also keep in mind the large number of public health workers, both nurses and others throughout the country, who may get guidance and inspiration out of the report. The possible readers determine the character of the material that goes into the report. All of them will be interested, first, in the kind and amount of service rendered. The annual report should be the medium for the discussion of the local problems of public health and the degree to which the service lends itself to the public good. The financial statement of the year will, of course, form an important section of the report. The staff will be especially interested in the discussion of questions of routine management and possible improvements in procedure which will increase their usefulness. Finally, there should be presented the budget for the next year's work and other miscellaneous items. I shall take up each one of these sections in succession.

1. *The Service Rendered*

It should be the aim of the Superintendent to present in this section of the report a human document even though it contains many facts and figures of the year's work. This is her opportunity to tell the public what her association is; what it is trying to do; the difficulties that are being encountered and how the public can help. It is assumed that the several compilations outlined in our previous lectures have been prepared; and, even in the small associations, that the outstanding facts of the service are clearly in hand. This is the raw material out of which this section of the report is made. The Superintendent knows the number of patients that have passed through the society during the year; how many were men; how many were women; their ages; the number that were gainfully employed in industry; how the various races and nationalities were represented and the number of patients that lived in each ward or area of the city where service was rendered. It is surprising how clear an insight these simple facts give into the essence of a nursing service. To the resourceful manager, they at once bring into relief the groups of the population which have not as yet been reached and who should become the clientele of the service. These figures, in fact, outline the direction of immediate extensions of work. Let us take, for example, an industrial community. It is a safe assumption that, even under the most favorable conditions, few working men are represented on the lists of the Association. The figures will usually disclose this condition. Armed with the facts, the nursing Superintendent should be able to arouse the interest of employers in the service offered by the Association and obtain their cooperation in various ways. Some will permit nurses to address their working people with regard to the service; others will permit posters to be displayed. In various ways, the value of visiting nursing can be brought home to workingmen and the field of operations widely extended. In other communities, where there is a colored section of good size, the tabulations we have referred to will show to what extent the service is used by this group. More often than not, they have been overlooked. This may also be true of the newer immigrant peoples which our cities have in such abundance and who have not as yet learned to avail themselves of the benefits of public health visiting nurses. All of the statistical material we have mentioned lends itself to interesting discussion, and frequently becomes the basis of self-criticism

which is the first step toward progress. But the Superintendent should remember that statistics alone can be made frightfully dull. She must be careful to present her facts in a manner so interesting as to hold her reader and impress the human elements of her story.

The Superintendent will also have before her the tabulations showing the number of cases of each of the principal diseases and conditions. Tables 3, 4 and 5 of our Lecture III will give all these facts, together with the number of visits and the results achieved; that is, the number of cases of each disease discharged as recovered, improved, unimproved and dead. The distribution of the diseases cared for during the year is so good an indication of the value of the service performed, that it would be well for the Superintendent to dilate upon the work from this point of view. She will wish to know what type of cases are receiving the attention of her staff; whether they are cases of acute disease or chronic cases; or maternity cases. She will compare the number of cases of the reportable diseases cared for by the staff with the total number known to the health officer. She will often be able to make interesting comment on the disparity between the two sets of figures. An analysis such as this will bring into relief the policy of the Association which often developing without much thought, produces a one-sided service.

In those places where the service has grown along new lines as, for example, in maternity care the figures will bring out clearly the extent of this development. Most nursing Superintendents will be surprised to discover how rapid is the development of maternity and infant welfare cases under the inspiration of the movement for better maternity and child care.

Often the figures will show that a very considerable proportion of the cases and an even larger proportion of the visits are to patients suffering from chronic disease. It is a good deal of a question whether a public health agency with limited facilities should concentrate on these cases, so few of which present possibilities of ever getting well. This is a matter which will call for careful consideration by the Superintendent. She will want to point out why the local circumstances justify so heavy a drain on her resources. There may be some good reason for the prevailing condition or it may be time for a change of policy in this regard. In any case, the community will be interested to know the facts and the attitude of the management with reference to this type of case. All of these matters have, however, been discussed in our previous lectures and do not require any further treatment here. We shall close this section with the statement that the data which the nursing director has obtained from the study of her records should somehow be brought into the annual report as a part of the fuller statement of the Association's activities, coupled with such criticism and comment as will help to clarify the programme of the Association and to increase the interest of the readers in the work of the future.

2. *The Relation of Service to Local Public Health*

The Superintendent or the President of the Association, whoever prepares this section of the report, should keep in mind that the nursing association is only one agency among many for the preservation of public health. The paramount question for consideration here is whether the activities of the Association have fitted in well with the other community services to bring about the best results. Has there been duplication of the work which some other agency is doing and is perhaps better fitted to do? Is there the proper co-operation between the several groups engaged in social service? Even in small communities, one often finds in addition to the visiting nursing association, an association for child welfare engaging a Public Health Nurse to do family visiting. Is it not possible in such cases to combine forces and

thus build up a larger and more effective organization covering the whole field of public health nursing. How is the service related to the Health Department? Is there competition or is there the closest co-operation? Is there a division of function which is recognized by both parties? These questions should receive the closest attention. The discussion will be of interest to all public spirited citizens.

In this section, there should also be an attempt to evaluate the state of the public health for the year that has closed. In order that the Association may know whether the service has been adequate, it will be necessary to find out the facts of morbidity and mortality in the community. The health officer can be very helpful in this connection and usually he will be very glad to supply the necessary data, certainly with reference to the reportable diseases. In small communities, the health officer will know virtually every case of communicable disease that has occurred and there should be no difficulty in determining the extent to which the service covered the field. There will also be a marked discrepancy between the number of cases of illness reported to the health officer and the cases actually cared for by the nursing association. There should be an attempt to explain why the Association has failed to reach a certain proportion of cases. A frank statement along these lines emphasizing the limited means at the disposal of the Association will often appeal to the public who will for that very reason wish to lend greater support and make possible the extension of its field of service. This section of the report should also contain an analysis of the figures of mortality and morbidity for a period of years. The discussion will show the tendency of the sickness and death rates for the more important causes. These figures should be paralleled with the facts of the service for the same period to show whether the Association's work has in some measure, resulted in the improvement of the public health. All of these are possibilities which, in the hands of a skilful Superintendent will make very interesting and instructive reading.*

3. *The Financial Statement*

The form of the financial statement will depend a good deal upon the size of the organization. The very large associations will wish to show in considerable detail the character and amount of their assets, the sources of their income, and the chief items of their disbursements. In recent years, a number of the nursing associations have employed competent accountants to arrange their books in a simple but analytical manner covering all income and disbursement items. Fortunately, there is no serious divergence of opinion among these accountants as to the items which should be shown in the financial reports. Larger associations having endowment funds should present a statement of their assets and liabilities. The amount of detail in this statement may be left to the individual associations. The report of income and disbursements, however, should be more detailed and uniform. The items shown in the statement on the opposite page are suggested.

Both the statements of income and of disbursements should be made for the calendar year. Many associations use a fiscal year and their reports are so different that comparability between them is almost impossible. The items we have singled out appear in most reports based on good accounting. Some associations will wish to show additional ones, and there can be no objection. The relative importance of the several items of income and disbursement may be more easily grasped if the per cent of total is also presented. In some associations, especially the very large ones where there is a central office and a number of districts, it is desirable to apportion the dis-

*The superintendent will be greatly aided in the practical handling of the vital statistics of her community by carefully studying a standard textbook on the subject. Professor George C. Whipple's "Vital Statistics" (John Wiley & Sons, N. Y.) is recommended.

STATEMENT OF INCOME AND DISBURSEMENTS
for Year ending December 31, 192....

Income	Amount	Per Cent. of Total
1. Cash Balance—January 1		
2. Interest from investments and bank balances		
3. Contribution and membership dues		
4. Co-operative agencies		
a. Metropolitan Life Insurance Co.		
b. Industrial Establishments		
c. American Red Cross		
d. Others		
5. Patients' fees		
6. Miscellaneous receipts		
Total Income		100.0

Disbursements	Amount	Per Cent. of Total
1. Nurses' salaries		
2. Supervisors' salaries		
3. Office salaries		
4. Drugs and supplies		
5. Rent, cleaning and lighting		
6. Carfares and other transportation costs		
7. Laundry		
8. Telephone and telegraph		
9. Printing		
10. Stationery and postage		
11. Miscellaneous disbursements		
Total Disbursements		100.0
Cash Balance—December 31		

bursements according to the several districts. In such instances there will be some items which cannot be allocated but will go under general overhead expense of the whole association. Whenever an association does other than visiting nursing work, for example, conducts a health center or clinic or a special sanatorium for tubercular patients, or gives public health nursing courses, it is well to segregate the disbursements according to the several departments of the work. But there should be in addition a statement covering the combined activities of the association.

The above statements account for the total moneys spent but do not give an adequate idea of the real cost of the work. The readers will want to know how much the several thousand dollars expended has really bought and that can best be expressed by computing the average cost per visit. It is desirable to separate the several items of cost under two heads, first, the direct cost per visit and, second, the indirect cost. Under the first, come the items of the nurses' salaries, the medical supplies, the items of transportation and laundry. The indirect cost includes supervision, administration and other items of general office and overhead expense. The following table, prepared by Miss Boyd, of the Bridgeport Association, is very simple of construction and gives the major items which go into the calculation of the cost per visit. It should be entirely possible for every nursing association to compile a similar table.

Such a table will serve many useful purposes. It is a good index, other things being equal, of the excellence of the management. It is a matter

CALCULATION OF COST PER VISIT*

Showing the distribution of money spent into direct and overhead expense, based on the year ended December 31, 192....

Class Of Expense	Amount Expended	Number Of Visits	Cost Per Visit	Per Cent Of Total
1. Nurses' Salaries				
2. Medical Supplies				
3. Carfares and other transportation costs				
4. Laundry				
TOTAL DIRECT EXPENSE:				
5. Administrative Salary				
6. Supervisory Salary				
7. Office Salaries				
8. General Office and Other Expense (Overhead)				
TOTAL				

of very great importance that a nursing association serving the poor and raising its funds largely through popular appeal shall be economical in its expenditures. A higher cost per visit than is necessary means, under present conditions, that some persons must go without care or that other cases are insufficiently visited. The cost figures analyzed as above will often show where the leaks are. Thus, it is a good rule that overhead costs should not exceed 20 per cent of the total cost per visit. Wherever they reach beyond this figure, there is a suggestion of looseness of management that requires investigation. Usually, it will take only a little careful study to discover the item or items of expense, which are overdone. The cost per visit approached in this way becomes one of the best means at the disposal of the director to justify the total expenditures of her organization.

The cost per visit figure is a powerful aid for putting a nursing association on a self-supporting basis. When the cost per visit is actually calculated, as we have outlined, the figure carries weight with the public. If it were properly advertised in the community, it would result in more persons paying the full cost fee. Today, there is altogether too much uncertainty about the actual cost per visit in most associations, and the result is that nurses ask for anything that the patients think they can afford or wish to give. This is a bad principle of action. Most people, even the very poor, wish to pay what a thing costs, especially when the cost is moderate, as the cost per nursing visit is. Today, even the oldest and best managed associations collect not more than 30 per cent of their total budget through fees from their patients, the Metropolitan Life Insurance Company and from employers of industrial establishments. The rest they must raise from various sources, mostly from generous friends of the work. This is precarious. The uncertainty of being able to raise the budget has often a paralyzing effect on the Superintendent and checks the progress of the service. This type of financial management unfortunately also carries a charity stigma and gives offense. Large numbers of people of moderate means would avail themselves of nursing care, if they knew they could get it at cost, but they will shun service that is a charity. Armed with the figure of cost per visit, the associations could make a drive among the various

*The items in this table should be strictly limited to actual operating expenses. Only the depreciation on equipment, including automobiles, and the cost of supplies consumed should be entered.

classes of the community and teach all that it is within their means to have visiting nurse care even if they paid in full. The accounting of the cost per visit may thus be more than justified by its effect on the improvement of the finances of the Association.

The cost per visit also has value in making possible certain comparisons of cost between associations. It would be a most helpful contribution to the public health movement to have the cost per nursing visit itemized as above for a large number of associations doing similar public health work. Undoubtedly, differences would appear among the various associations. In some, the work may be done more cheaply than in others, because of the concentration of the clientele. In others where the patients are more widely distribued over a large area, the costs will be higher. In some, the cost will run up considerably because of the specialized character of the work. This will be particularly true where nurses do only contagious disease work or limit themselves to maternity cases. The character and amount of supervision will have its effect upon the cost per visit. It should be possible, however, to discover the reason for the differences in cost by comparing the different methods of procedures in various organizations. In this way, it would be possible to standardize service, as well as cost, and effect very considerable economies in nursing management.

4. *Lessons of Management and Nursing Technique.*

The annual report should also be an important medium for the discussion of items of management and of nursing technique. This section will interest and please the staff because it will appear to be especially planned for their instruction. It will, however, have a wider sphere of influence among the directors and staffs of other organizations who are keen to profit from every improvement of management among the leaders of the profession. It must be realized that technique and direction is still largely uncrystallized. Take, for example, the question of generalized as against specialized public health nursing. We are still waiting to see how much can be accomplished under these two methods. A nursing organization which has carried out a large programme of generalized service should make the annual report the occasion for stating the results achieved in contrast with its accomplishment in prior years under the specialized plan. How do the number of visits per nurse per day compare under the two systems? Are there any unsatisfactory results in having the same nurse take care of cases of communicable disease and maternity in succession? Do cross infections ever result? What special instruction is necessary to enable a generalized Public Health Nurse to meet the usual difficulties of maternity cases? Are there any other advantages in the work of the generalized nurse in her closer contact with various members of the family which such service makes possible? Is she able through this means to carry out a better programme of public health education? These are all questions which should be discussed and the evidence presented rather fully at this time when decisions as to the type of organization are being made by societies throughout the country.

The care of certain diseases at home still presents many difficulties which may well be discussed in this section of the report. Nursing associations must often take care of cases of typhoid fever which require a very difficult technique. Much is still to be learned as to the best procedure. Under what conditions are patients best cared for at home? When is it absolutely necessary to transfer patients to hospitals? Similar problems are presented by the care of pneumonia patients. What are the results obtained in the home care of such pneumonia patients under various procedures? The experiences of associations with these and other diseases are uniformly interesting and should be made avail-

able to the whole field of public health workers.

This section of the annual report will also give the Superintendent an opportunity to explain the service to her staff. In the nature of the case, the nurses see only the individual patients, they have neither the time nor the opportunity to understand the general bearings of the work and the larger purposes of the association. There is no time during the year to discuss the problems and the policies of the association with the nurses. The annual report, however, offers such an occasion. It gives the Superintendent her chance to account to her staff for her stewardship. The nurses have given freely of their time and of their enthusiasm. What has been accomplished? What can be done better and what new plans are there in process? The analysis of the year's work will show that in many instances more can be accomplished by one set of procedures than another; that more visits can profitably be made to certain of the acute cases and that fewer need be given to the chronic patients and to other types of patients who can best be served by agencies other than Public Health Nurses. An unexplained decision on the part of the Superintendent would be resented where a full discussion, such as might appear in the annual report, would satisfy the staff and make them co-operative rather than antagonistic to the change of procedure. It is well to capitalize the enthusiasm of the staff and to make it a driving force for greater achievement in the associations' work.

5. *The Budget and Miscellaneous Items*

The annual report should, in addition, include a statement of the plans for the new year, together with the budget. This is often a very important part of the report since it is an expression to the public of the policy which is to govern during the ensuing year. It is an indication to the reader how the Association has profited from its analysis of the previous year's work and very often wins support for the Association among men of affairs. It serves to impress them with the fact that the Association is alive, progressive and business-like. The construction of the budget is a matter requiring careful consideration. It is replete with technical difficulties and requires extensive discussion. We cannot give place to it here in our short treatment of the annual report.

There are other items that usually appear in the annual report. In our discussion, we have given very little consideration to some which occupy a large space in the annual reports of nursing organizations. The names of the officers and directors of the Association should be presented as an indication of the strength of the management. On the other hand, the list of standing committees, the names of contributors to the various funds, and the list of bonds and other papers which make up the assets of the Association, throw little light, if any, on the activities of the society and may well be left out.

In presenting these suggestions for the construction of an annual report, it is not intended that all associations should follow the order outlined or emphasize all of the items that we have thought important. We have no desire to stereotype the annual reports of nursing associations. Style is the life of a report and that must be individual. The greatest latitude and variety of discussion should be encouraged. It has been our thought, however, that a certain number of items should find place in the report so as to make possible an evaluation of the service and a comparison with similar work done by other organizations. What we have presented here is merely a skeleton on which the flesh and blood of a live and interesting statement may be molded. The report of the Visiting Nurse Association should be a very intersting and important document for the development of civic interest. A great opportunity awaits those societies that realize how vital a story they can write around their year's work. Public support will be their reward.

THE NURSE

By CORNELIA J. CANNON

I sing the song of the nurse, the gentle-fingered, the white-garmented, the rubber-soled,

The lady with the electric flash.

I behold her first appearing in the cenozoic, the paleozoic and the eocene compelled to do without her.

I see the cave man rejoicing in her,

The twentieth century welcoming her, a new species of the *genus homo*, woman transmogrified.

O, the joy of bedside nursing!

The patient neatly tucked in,

The room so bare and clean,

The flowers arranged in vases, removed to another room during the night, and brought back in the morning, the stems freshly cut.

I delight in the respectful professional air with the doctor,

And the authoritative manner with the family.

I seem to attend the patient's daily bath, I feel the alcohol rub as though it were on my own skin.

I too rejoice in the two hours off in the afternoon.

O the patient rapidly recovering!

O the joy of going to the next case and adjusting oneself to new family complications!

O the pleasure of doing the cook's work and keeping sympathetic relatives from the sick room!

I vision supreme adjustment of the organism to the minimum of sleep and the maximum of aimiability.

Bedside Nurse, I hail you!

Behold I see

The higher order, the specialized nurse,

There pass before me as in a dream

The nurse for the liver,

She who ministers to the pituitary,

The custodian of the ileocaecal valve,

The specialist on the fifth cervical nerve,

O the family rich in nurses!

The child tended by the pediatric nurse,

The cook with a cough whom the T. B. nurse consoles,

The furnace man, his pulse recorded by the heart nurse,

The father with the nurse for inebriates,

The mother with the expert on nervous debility,

The daughter with the re-education nurse,
O bodily diversity, O refinement of medical diagnosis,
You cannot become too complicated for the nursing profession.
You cannot divide man into so many separate functions as to discourage the nurse!
She will outspecialize specialization.

The new day hails the coming in of the generalized nurse,
The dawn of her footprints marking the end of the night.
O the generalized nurse reorganizing a household!
I behold the heart case ordered to bed,
The neurasthenic dragged out of her quiet corner,
The anaemic dosed with milk, the diabetic deprived of bread,
The baby bathed, the sore toe bandaged.
The windows flung wide, the shades removed.
I hear rebuke to the idle and tonic conversation to the complaining.
I see a hypodermic administered to the alcoholic.
I see all the nations sharing alike, wine jelly to the Turk, laundry soap to the Jew.
I see goulash cut from the dietary of the Hungarian, cabbage forbidden to the Russian.
O glorious whirlwind of health!
O vigor distributed broadcast!
O family, breathless, watching the nurse disappear rapidly into the next tenement!
Behold the heart case running out to play,
The neurasthenic returning to bed, the diabetic nibbling a crust,
The old once more complaining happily,
Draughts and threatening night air excluded,
The carpet protected from the sunlight,
The family comfortably re-established!
O miracle of the generalized nurse, all-wise, all-seeing, all-performing!
O miracle of the human being,
Able to resist the prehistoric pterodactyl,
Invulnerable to the assaults of the mastodon,
Invincible before fire and flood,
Manufacturer of internal anti-toxins, acquirer of subtle immunities!
Can you indeed also baffle the wisdom and defeat the purposes of the nurse
Whether she be bedside, specialized or generalized?

THE DEMOCRACY OF THE PUBLIC HEALTH NURSE

By EMELIE M. PERKINS

Public Health Nurse, Poughkeepsie, N. Y.

WHEN you number among those with whom you can frankly interchange views, an Irish policeman, a few Maine fishermen, a bank president or two, a number of lawyers, a few Italians or Poles or Russian immigrants, a washerwoman, some mothers of big families, a lot of high-school children, a few college graduates of recent years, last *but* not least, some babies—then you are not likely to be in a rut yourself, or dull in your outlook on life. But how many of us do? How many of us dare to talk absolutely sincerely to people of a different kind from ourselves?"

The words "democracy" and "democratic" have almost as many connotations as there are people using them. To many of us, they are so overlaid with ideal meanings, with significances acquired at home, at school, in college, that we simply cannot think out the words for ourselves. We hear "For democracy and the world," and we thrill with martial pride. It is an involuntary reaction for most of us, denoting merely the presence of an unreasoned conviction—the conviction that since our country is a democracy, that form is right and best. Or we study various types of government and learn the technical differences, the differences in definition, between absolute monarchies, limited monarchies, autocracies, democracies. Or we hear a man or woman spoken of as "so democratic." But the description of such a person will generally be found to express or imply an interest in persons living under different circumstances, financially, morally or educationally. Furthermore, this interest is felt for persons of a lower station. No one is called democratic because he expresses an interest in richer, better-educated, or morally better, persons.

Socialists are constantly being reminded that even if all the property in the world were to be gathered in and redistributed, an equal portion to each inhabitant of the globe, in a very short time we would have the same different strata of society that we now have. Probably we all admit the truth of this. This insurmountable fact prevents many of us from attaining to a real conception of democracy. Mentally, we tire of trying to scramble over it, or to go around it. Probably most of us never could get beyond this point if we depended on logic. It is only when we wake up suddenly to find that, like the Bluebird, Democracy is close at hand, and not to be attained by wild flights of logic or idealism, that we really understand it.

To the Public Health Nurse this fact comes home with force. She does, literally, number among those with whom she can frankly interchange views "an Irish policeman, a few Maine fisherman" (or perhaps she would have to substitute Vermont or Virginia or Oregon farmers) "a bank president or two, a number of lawyers, a few Italians, Poles or Russian immigrants, a washerwoman, some mothers of big families, a lot of high-school children, a few college graduates of recent years, last but not least some babies—"

She leaves the hospital and starts her work as Public Health Nurse with a good fund of technical knowledge, a hearty interest in people and a desire to mend and protect peoples' bodies. She also realizes subconsciously that she must be able to "be all things to all people." She must be able to deal with her committee members, who will include some of the most enterprising and the most cultured people of her district. There will be the

doctors, whom she will unconsciously place among the "better class." There will be the volunteer workers, women and girls of leisure, and the donors of large gifts to the association. At the other end of the scale there will be the poor, the shiftless, those afflicted with loathsome diseases, the feeble-minded, the gaily improvident and those struggling desperately. Between will be all degrees of affluence and poverty. She will perhaps be a bit shy of some of the more learned or affluent of the committee members. Her intercourse with them will not be a "frank interchange of views." She will gradually find her own class—she will consciously classify some people as those "with whom I could be friends." Her attitude toward those whom she definitely regards as her "children," her "families" will be protective, authoritative, possibly even a trifle dictatorial. Some of the Committee members have butlers and are therefore outside of her pale, and some of her families wear filthy rags and consider a toothbrush as less desirable property than a toy watch. They too will be without the pale.

As she works, even the daily routine is filled to the brim with "human interest." Families leap out of their neat classifications in a most distressing fashion. The Burns family folder has a red signal, denoting "chronic poverty." In this instance it is apparently due to the laziness of Burns *pere*. So far, well and good, Up to a certain point, Mrs. Burns and the children classify properly. They are grateful to the nurse for her interest in baby Louise, for her efforts to have Willie's tonsils removed, and to provide Isabel with glasses. They co-operate. Mrs. Burns pays back in slow instalments the money advanced for Isabel's glasses. She consults the nurse in regard to Violet's unfortunate habit of profanity, and the nurse promises to talk seriously with Violet. And then, on Christmas Eve, after an arduous day spent delivering stockings and baskets to the Burns, etc., the nurse comes in to find a gift from Hazel Burns, the fifteen - year- old daughter who works in a cigar factory. The gift is a beautiful purse, more expensive than the nurse would have dreamed of buying for herself. "I must scold Hazel—the idea of buying that for me when Billie needs an overcoat and they all need food!" she reflects, half-irritated. Then there steals across her a vague uneasiness. She would not dream of rebuking a friend who gave beyond her means. How shall she thank Hazel? Shall she send word by Isabel? A slow flush of shame—she will thank her as she would thank any friend who had remembered her wants; as she will thank Mrs. Avery, the bank president's wife, who has sent the electric hand-warmer for her Ford car. A rush of feeling comes at the remembrance of Mrs. Avery, and the gift which showed such real thought.

"The ability to nurse is a real treasure when it makes friends for me like Mrs. Avery—and Hazel Burns," she thinks.

The Reilleys are another red signal family. The mother is happy-go-lucky, fat and amiable. The older children test definitely feeble-minded. Pediculi swarm upon their heads. The three babies—Kenneth, the oldest of the trio, being three years old—play half-naked in the filth of the kitchen floor. Marge, the slatternly fifteen-year-old daughter, stands idle while the chickens tip over the dishpan full of dishes and greasy water. But Mrs. Reilley assures the nurse that Marge's father never would stand for Marge's being sent to an institution for feeble-minded. "She is her father's darling!" And when the family moves, Mrs. Reilley's anxious question is, "Is it a nice school that they'll be going to? You know, they have always been in school with such nice children."

These things are on the surface, even an unobserving person must see them. It is gradually borne in upon the nurse that the uncertainty of Mrs. Reilley as to whether her

daughter needs glasses, and the pride of Mrs. Avery in her child's school record, are interesting and universal. They are absorbing topics of conversation with Mrs. Avery and Mrs. Reilley, who know that the nurse will be interested. Mrs. Reilley's pride in Thomas, aged twelve, who has at last struggled into the Second Reader class, is equally infectious. Mr. Avery's new Pierce-Arrow and Mr. Reilley's new job, both really please the nurse.

Again, it is platitude, but a fact, that grief is a great leveler. How can the nurse be conscious of a mere difference in furniture when a panic-stricken mother cries out her fear? The mother of a child stricken with tuberculosis is stripped of her wealth or her poverty, her culture or her vulgarity, when she seeks counsel and comfort of the nurse. The nurse sees her as a plucky fighter, and helps by supplying what is needed. It is immaterial whether it is courage, or milk and eggs.

And none could be more surprised than the nurse herself when she realizes the fruits of her labors. She contrasts herself in her pre-nursing state and her present state. It is like a fairy tale. Her profession is an open sesame to every house. The change has come about so gradually that she does not at first realize her good fortune. It is not like the gift of the fairy godmother, which is suddenly bestowed and which so suddenly changes the world. Her training and her experience have brought her the gift, the gift of "seeing thing as they really are." Sometimes it seems as if they brought the gift of invisibility, too. The Public Health Nurse is welcome when most good friends can not be sure. The house of joy, the house of sorrow, the house of pain open for her—she brings something vital, and in return, she sees the vital things. Stories of shame, of suffering, of fear, as well as everyday life, reveal the tellers. They call for strength and wisdom from the nurse.

If this were all, they would not reveal democracy to her. But these stories reveal democracy in the speakers—qualities undreamed-of, courage, persistence, faith, loyalty,—universal qualities which hold inspiration for the nurse. She too gives, but her opportunities to receive are immeasurably increased. She is given a vision of Walt Whitman's "nation of friends, of equals"

A woman in a tenement house on Third Avenue once told a district nurse, "I never speak to her—" indicating her neighbor across the hall. "She is a bad woman." Then hastily, remembering that the nurse has just come from there,—"Of course, you are a nurse, and have to go everywhere, but I don't."

"Thank God that I do have to go everywhere—that I may go everywhere," was the reply in the nurse's heart.

A BOY'S THANKSGIVING DINNER

An eight-year-old lad was asked to write what he considered a good dinner bill-of-fare for Thanksgiving, and here it is:

"First Corse—Mince Pie.
Second Corse—Pumkin Pie and Terkey.
Third Corse—Lemon Pie, Terkey, Cranberries.
Fourth Corse—Custard Pie, Apple Pie, Mince Pie, Chocolate Cake, Ice Cream, Plum Pudding.
Desert———Pie."

(—*Oklahoma Farmer Stockman.*)

INVALID OCCUPATIONS

ART OR PROPAGANDA?

By SARAH ATHERTON

NOT long ago in a mid-western city, to the large membership of a womans club a lecture was announced. Its subject was "The effect of suppressed emotions." When the time came there was no standing room. Those disappointed returned in an hour to hear the repetition of the speech, and were so numerous they actually stood on piano stools. Did all these women, despite their rosy and affluent look, imagine themselves as sufferers from some inhibited and ancient love affair? Certainly their interest was breathless.

Some of the conceptions of doctors and psychologists through dozens of articles in professional journals have seeped down to the subsoil of the laity, so that now it is only the most timorous of us who will not in appropriate company hazard some not-too-definite remark upon "the unconscious" "a complex" or the "ill effects of inhibitions." Indeed, it is the fashion to interpret in these terms not only the disorders of neurotics, the vagaries of our dreams, but such productions as "Hamlet" and the work of Leonardo Da Vinci.

The effect of emotions has been studied from another angle by Dr. Cannon, who has shown in his book "Bodily Changes in Pain, Hunger, Fear, and Rage," that they produce actual change in the composition of the blood, etc.

What relation has all this to the daily labors of the visiting nurse? She who has already learned so much of human nature, not to be acquired through the covers of a book. Certainly she has no time to delve into the obscurities of the "talk cure" which takes from six months to three years, in which the mental content of a patient is discovered, dragged out, laundered, disinfected and with suitable drains attached put back! Her daily round is crowded with physical pains, ignorance, poverty, but withal, she finds on her beat, heroism, and suppressions which enlist her sympathy. And yet, from reading a book like "The Freudian Wish" she will understand the conversation of her patients in a different way than before—its overtones, and undertones—the things implicit—as well as the thing expressed.

"Occupation Therapy" or the "work cure" at first sight seems far removed from the "talk cure." It is the scientific application of the good old principle that "Satan finds some evil still for idle hands to do."

For many years the value of useful activity as treatment of mental and nervous patients has been recognized, and such work carried on among them. During the war it was extended to military hospitals, and the principle of adapting work for special exercising of certain muscles developed, under medical prescription. When a sober minded soldier who before the war had welded steel, is told that by weaving a necktie or a basket the muscles of his wrist will be helped, he weaves with the same seriousness of purpose with which he takes the prescribed pill.

In certain cases work which was extremely distasteful to the patient was prescribed in order to make him want to hurry his recovery. In childrens hospitals Occupation Therapy merges into "play" where the main aim is to keep them amused.

The visiting nurse has a very different problem; her patients are scattered, of all ages and conditions. She does not stay long enough with any one of them to supervise or encourage any undertakings she may start; they are not working under hospital discipline. Her success will lie in the happy faculty of arousing the emotion strong enough to lead to effort and co-operation, even after she has gone. She must suggest something which

appeals to the patient before she has wearied him with suggestions; herein lies the relationship between her knowledge of psychology and her information about inexpensive equipment and how to use it. She cannot be an expert craftswoman, but if she can find out where the patient's bent lies she does not have to be. Indeed, if she can be startled by his success during her absence, so much the better. Nothing could be more exhilarating to the incapacitated than to feel superior for a moment or two. She can, to be sure, in her very limited time combine elements of the "talk cure" with the "work cure," if she can suggest some occupation which is in harmony with the patient's emotions—in other words, something he would love to do. When one's interest is enlisted work ceases to be what we ordinarily understand by it; it is more like play, and partakes, indeed, of the nature of art—and art is first cousin to joy and beauty. Tolstoi has stressed the harmonizing quality of beauty in his "What is Art?" and many of those who have written on aesthetics have recognized this healing, harmonizing influence in works of the creative imagination.

The children to be seen out of the back window who are constructing a Chinese garden from old bricks and sticks which they have found in the ash heap, are one with the artists of all time.

Whether rich or poor, sick or well, everyone has to make adjustments and compromises between his desires and life as he finds it. The same situations which when met with by the neurotic cause him to be sick, have to be faced by those of healthy mind.

The "unconscious" is a mysterious inland sea which, if personality could be mapped, would take up more room than we have imagined; and those chill uplands of reason and the intellect would be crowded by that stretch of dark water. Many things "rich and strange" are there, to begin with, along with disquieting tendencies. Meanwhile we discard into it all the thoughts and impulses which are painful dishonorable or indecent; and in due time, without proper drainage, that stagnant water may cause infection and trouble throughout the whole map. Those unsanitary drains which caused all the trouble in the whole house in "The Servant in the House" might be a symbol of the "unconscious." In dreams, day dreams, slips of the tongue and witty remarks, bits of flotsam and jetsam from this sea are cast up into consciousness where they may be seen and recognized, but sometimes we merely feel the "subterranean intonations" from its depths.

Our loves and hates lie deeper than our power to rationally explain them. They are, like the moon, related to the tides of this dark sea. The process of growing up is largely one of compromise, a series of working agreements which are under constant revision, between our desires and reality. The child who cries for the candle before it can talk has begun the long journey. He is a little pilgrim making progress with a pack of original instincts and first impressions upon his back, the importance of which for all his future can scarcely be measured. These original instincts may continue unchanged, be weakened, be sublimated, or cause reaction.

If the person is to be healthful and successful that inland sea must be drained. The woman who pours the strength of her foiled maternal instinct into the care of other people's children who need care, has found a high level; her desire has become sublimated. One man will try to rid himself of an inward restlessness by drinking, another in athletic sports. Drainage takes place at different levels.

Wordsworth said that the "Happy Warrior" was one who when brought

> "Among the tasks of real life hath wrought
> Upon the plan which pleased his boyish thought"

and yet how many ever have that happiness? Rather fixed mid this

dance "of plastic circumstance" we are beaten out of all semblance to our dreams.

And what has all this to do with the day of a visiting nurse? Everything.

Most of the patients of the visiting nurse have had even more than their share of the universal struggle with reality. Added to the readjustments which are the common heritage they have done work for years, perhaps, in which they had no emotional interest, save the second-hand one of getting a living. Besides this the fear, more or less conscious, of unemployment has shadowed their horizon.

Little aesthetic satisfaction can be had from many of the highly specialized processes in modern industry, spending day in and out screwing in Bolt No. 432, or driving in the right and the extreme left hand corner of a Cuban heel on a lady's boot, or in watching a shuttle do the same thing a billion times a day. A well known doctor has said that the dullness of thinking in many adults is directly due to the fact that for years, on account of economic necessity, they have done work which is emotionally distasteful to them. Thus the necessity of gaining a livelihood in the only opening available often results in violating the tendencies of the worker to the point of cruelty.

Those whose minds are filled with the problems of getting born, and living, and sleeping and eating, often in crowded quarters, and in making, as nearly as possible both ends meet, would become bewildered and embarrassed if an Occupation Therapist were to ask them what they would *like* to do, what their hobby was.

Among hundreds of little girls in the mills of the Anthracite coal regions, any sort of outdoor sport or play was practically unknown. Some went to the movies, the Y. W. C. A. and church, a few spoke of reading as recreation, but the fact was most of them did housework in their hours after work. Their instinct for play, like a flickering little candle, had guttered out in the physical weariness from hours in the mill. One mentioned "wheeling the baby carriage" as her diversion. Our civilization multiplies comforts, even luxuries but whether it has notably increased the joy in the world is an open question.

If the visiting nurse can put into the hands of a mill worker the modelling clay, the whittling knife, or paint brush which appeals to something in him long latent, the weeks of his convalescense may become a little breathing space for his soul.

When a man can, during his illness, make a basket which will increase his budget by a quarter a week, but he would like to model "for fun" some strange little rabbit out of clay or rubber which has no earthly sales-use in the world, but draws a smile of amused satisfaction from its creator's lips, surely it is better for that convalescent to make the rabbit. In its creation those groping fingers have freed for a while the spirit from the limitations of a sick body and a difficult world. Thus invalid occupation ceases to be a form of propoganda; it is an exquisite art, which consists in the knowledge and tact which enables a nurse to put within reach of the patient the simple things which in his hand will be a key to unlock the doorway leading from the narrow walls of an oppressive present into a fairer world of dreams.

Suggested Reading: The Freaudian Wish—E. B. Holt
The Psychology of Relaxation—G. T. W. Patrick

PUBLIC HEALTH SEMICENTENNIAL

By K. M. GOULD

Acting Associate Editor, American Journal of Public Health

THE Semicentennial Celebration of the American Public Health Association, representing the organized public-health movement in the United States, was marked by four great events. (1) The Health Institute, Nov. 8-12: (2) The Fiftieth Annual Meeting of the Association at the Hotel Astor, Nov. 14-18, with its scientific sessions and the semicentennial banquet in honor of Dr. Stephen Smith, the founder and first president of the Association, now in his 99th year; (3) The Public Health Exposition, at Grand Central Palace, Nov. 14-19; (4) The publication of *A Half Century of Public Health*, the jubilee historical volume of the Association. Any one of these events alone would have been noteworthy in public health history: all of them taken together constituted an occasion without parallel in its significance for public welfare and medical science in New York City and in America.

Public health nursing was conspicuous in all of the events of "Health Fortnight." In the Institute an entire section was devoted to it, under the championship of Miss Elizabeth Gregg, R. N., director of the N. Y. City Health Department Bureau of Public Health Nursing. The demonstrations included the visiting nursing service of Henry Street Settlement, and the activities of the East Harlem Health Center, as well as numerous baby health stations, classes for school children, specific disease clinics, and health centers. Although the registration was low, those who did attend were unanimous in declaring that it was well worth the time of any public health worker to see in one ensemble a greater variety of health activities in operation than could be found in any other Metropolitan area of the United States.

Although the A. P. H. A. has as yet organized no separate section of public health nursing, the scientific sessions contained much of interest to the nurses, particularly in the programs on Public Health Administration, Health Education and Publicity, and Child Hygiene. In the latter, a paper on "The Relation of Public Health Nursing to other Phases of the Work of a State Board of Health, with Special Reference to That of the Division of Child Hygiene" by Miss Rose M. Ehrenfeld, R. N., director of the North Carolina Bureau of Public Health Nursing and Infant Hygiene, was read, in Miss Ehrenfeld's absence, by Dr. Watson S. Rankin, state health officer of North Carolina. Her conclusion is that the most satisfactory plan of organization is that of a separate and independent bureau of public health nursing, co-ordinate with other divisions of the board.

Other papers of special interest to nurses were presented by Dr. S. Josephine Baker, director of the New York City Health Department Bureau of Child Hygiene, Dr. H. H. Mitchell, medical director of the National Child Labor Committee, Dr. Harry B. Burns, director of the department of hygiene of the Pittsburgh Public Schools, and Dr. George T. Palmer, epidemiologist of the Detroit Health Department. A section on Health Education and Publicity was formally organized, with Dr. Lee K. Frankel as chairman.

The jubilee historical volume, *A Half Century of Public Health*, contains a paper by Miss Lavinia L. Dock, R. N., Secretary of the International Council of Nurses, and author of *A History of Nursing*. The book is a collection of nineteen historical essays by experts, covering all fields of public health and edited by Dr. M. P. Ravenel.

FIRST ANNUAL PUBLIC HEALTH EXPOSITION

UNDER THE AUSPICES OF THE DEPARTMENT OF HEALTH OF THE CITY OF NEW YORK AND THE AMERICAN PUBLIC HEALTH ASSOCIATION

By ANNA K. BEHR

Membership Secretary, National Organization for Public Health Nursing

ISN'T it amazing," she said. "Had you any idea so much was being done for your health and mine?"

We were both leaning on the white marble balustrade on the second floor of the Grand Central Palace and looking down on the main floor with its throngs of people slowly moving from one exhibit to the other. There were old men and women, young mothers with babies on their arms, and children of all ages.

"Do you suppose they all appreciate what this big exposition means?" my new friend asked.

Of course one knew at a glance that she was a well-educated, well-informed person—but the crowd at the Palace was as democratic in its composition as this country of ours.

"No, indeed," I told her. "This is the first exposition of its kind. This is a first lesson to the public. But one thing they will all carry away with them—and that is, a greater respect and desire for their physical well-being."

And my friend smiled and passed on.

But I remained leaning on the balustrade, fascinated by the commercial exhibits below. Ward's Baking Company was splendid in yellow and black decorations—and very popular, too, because of the delectable squares of buttered bread they gave the crowd, hot from the sanitary kitchen they had set up within their large booth.

There were dairy-concerns, tooth-paste concerns—cleaning-powder concerns. Health is a big term and wide in its scope.

But the second floor held the greater interest for me, since here were housed the exhibits of voluntary health organizations as well as those of the city and state departments of health.

One learned what helpful measures were being undertaken for the blind, the deaf, the paralyzed—what relief and teaching was given the sick poor—what education was being brought into the school-room so that the child might appreciate the God-gift of Health.

And the crowds visited the second floor too,—somewhat less thronging, to be sure, but crowds, none the less.

The main thorough-fare was the Health Highway and here were found the exhibits of the various member organizations of the National Health Council. Each had its little booth, attractively arranged to tell the public in the shortest time the story of its work.

The Child Health Organization of America was there with a charmingly Peter-Pannish display for the kiddies,—but older folks lingered as well to study the happy silhouetted background of dancing children and gay vegetables.

A white Grecian Temple personified the strength and stability of the National Health Council, each pillar of the structure carrying the message of the activities of its constituent organizations. Here our friends from the South and West (and multitudes of the visitors came from outside the Metropolis) learned for the first time of the wonderful National Health Library.

The American Red Cross, unquestionably the best known of all the organizations, had an attractive booth of pictures and floor-exhibits emphasizing the relief given by the Red Cross in time of disaster.

The exhibit given by the American Social Hygiene Association was a modern city shown in theatre setting, lighting up those civic agencies which make for social health. The National Committee for Mental Hygiene told of its work by means of charts.

The National Organization for Public Health Nursing had its booth, to be sure. Blue letters against a spotless white background told of their work, their membership and their field. Two artistic placards featured *The Public Health Nurse* magazine. In the centre a stereomotograph flashed out the story of public health nursing in this country and the relation of the N. O. P. H. N. to this comparatively new profession. Many interested visitors from Wisconsin, California, Tennessee, Idaho, Canada questioned the secretary in charge and studied the pictures carefully. When a nurse came she invariably exclaimed over the map—there were so many dots for the nurse members scattered over all the states.

Just as we were losing ourselves in the study of these several booths, Someone called to Someone Else in a rather loud tone, "Yes, it's Dr. Stephen Smith, himself."

And we hurried along with the others to the American Public Health Association booth and there was the founder of the Association, to be sure, a dear old man, smiling and happy, modestly acknowledging the congratulations of those crowding round.

Surely in these fifty years Dr. Smith has seen many changes in the interest given health matters—but the greatest satisfaction of all must be the fact that he is seeing those things he had dreamed and begun many years ago, actually coming true.

It was a real Exposition—the first of its kind, but we earnestly hope, not the last. A greater emphasis has been and will be placed on *health*, as a result. And this is the one thing our country needs if we are to fulfil the promise of our history.

Note—The exhibit of the N. O. P. H. N. at the Public Health Exposition was prepared with a thought to the future. All the signs were made on oilcloth so that it would be permanently available. Should State Nurses' Associations care to display them at their own meetings or state fairs, the N. O. P. H. N. will gladly send them, together with the wood for their frames, which can be easily constructed.

"OUR COMMUNITY FRIEND"

The following letter was recently received by a Community Nurse. It tells its own story.

Christ Church Rectory

November 25, 1921.

My dear Miss———:—

I wish you might have been with us at our Union Thanksgiving Day Service yesterday. We had some nice things to say about you, and we had something nice to do for you.

I spoke of how it was our custom at these Union Services to designate our offering for some purpose in which the community feels they are particularly concerned. This year, I suggested, there is nothing that more richly deserves our thought and our gifts than "Our Community Friend."

The enclosed cheque for one hundred dollars represents the offering at this Service. It is to be used by you at your own discretion, without any report as to the use to which you put it. I know from personal experience how valuable such a fund may be in such work as you are so splendidly doing.

With all good wishes, I am

Faithfully yours,

(signed) A. B.

A LIST OF STATE SUPERVISING NURSES

Editor's Note—Last July we published a list of State Supervising Nurses, stating at that time that such a list would appear regularly in January and July for the future. The list which follows has been brought up-to-date as far as possible and includes State Board of Health, American Red Cross and State Tuberculosis Association nurses.

State	*Directors or Supervisors P. H. N. Division State Board of Health*	*American Red Cross Nursing Field Representatives*	*State Tuberculosis Association Field Nurses*
Alabama	Jessie L. Marriner, State Board of Health, Montgomery	Elizabeth McKenzie, State Board of Health, Montgomery	Myrtice Soule Brown, Lipsey
Arizona			
Arkansas		Linnie Beauchamp, State Board of Health, Little Rock	Frances VanEtten, Arkansas T. B. Assn., 201 Donaghey Bldg., Little Rock
California			Edith D. Watts,, T. B. Assn., Fresno. 418 Griffith and McKenzie St.
Colorado			Garnet I. Pelton, Secretary, Colorado T. B. Assn., Denver
Connecticut	Margaret K. Stack, State Board of Health, Hartford	Margaret K. Stack, State Board of Health, Louise C. Spence, 77 Farmington Ave., Hartford	
Delaware		Esther Entriken, 44 E. 23rd Street W. New York City Atlantic Div. A. R. C.	
Florida	Margaret Duffy, Acting Director (Division Child Hygiene, U.S.P.H.S. Division, Washington, D.C.) Jefferson City, Mo.		Ada M. Whyte, 507 Dyat-Upchurch Bldg., Jacksonville
Georgia	Chloe M. Jackson, State Board of Health, 131 Capitol Square, Atlanta		Chloe M. Jackson, State Board of Health, 131 Capitol Square, Atlanta
Idaho		Lillian E. Jones, Seattle, Wash. Northwestern Div. A. R. C.	Edith C. Countryman, Idaho Tuberculosis Assn., 222 Boise City, Natl. Bank Bldg.
Illinois		Caroline A. Manger Mary MacKay, 308 N. Michigan Ave. Chicago, Ill. Central Div. A. R. C.	Ann Tillinghast, Springfield — State Board of Health
Indiana	Ina Gaskill, State Board of Health Assn., 224 State House,	Annabelle Petersen, Lake Div., A. R. C., Indianapolis	Ina Gaskill, State Board of Health Assn., Indianapolis (rep. R. C. also)

State	*Directors or Supervisor P. H. N. Division State Board of Health*	*American Red Cross Nursing Field Representatives*	*State Tuberculosis Association Field Nurses*
Iowa	Anna M. Drake, State Capitol, Des Moines	Dorothy Erdmann, Mrs. Anne Colon Stanton, Central Div., A. R. C., 308 N. Mich. Ave., Chicago, Ill.	Anna M. Drake, State Capitol, Des Moines
Kansas		Pearl L. Laptad, Southwestern Div. A. R. C., Equitable Bldg., St. Louis, Mo.	
Kentucky	Marion Williamson, State Board of Health, Louisville		
Louisiana	Mrs. M. Coale Alpha, State Board of Health, New Orleans		
Maine	Edith Soule, State Board of Health, 318 Water Street, Augusta	Charlotte M. Simon, A. R. C.—New England Div., Boston	Edith Soule, State Board of Health, Augusta
Maryland	Lydia R. Martin, State Board of Health, Baltimore	Esther R. Entriken, Atlantic Div. A. R. C., 44 E. 23rd St., New York City	
Massachusetts		Blanche Wildes, New England Div. A. R. C., 73 Newbury St., Boston 17	Marg. G. Howard, c-o Mrs. J. F. Odell, 36 Conwell Ave., West Summerville A. Gertrude Hines, 7 Lincoln St., Spencer, Mass. (Survey. and Demonstrating Nurses)
Michigan	Harriet Leck, State Board of Health, Lansing	Elba Morse, Lake Div. A. R. C., 2036 E. 22nd St., Cleveland, Ohio	Mrs. Helen deSpelder Moore, Oakland Bldg., Lansing, Mich.
Minnesota		I. C. Johannsen, Central Div. A. R. C., 308 N. Michigan Ave. Chicago, Ill.	
Mississippi	Mary D. Osborne, State Board of Health, Jackson		Fay Truelove, Macon
Missouri		Alma Wretling, Southwestern Div. A. R. C., Equitable Bldg., St. Louis, Mo.	
Montana	Mary M. Muckley, State Board of Health, Helena	Agnes Cogan, Central Div. A. R. C., 308 N. Michigan Ave. Chicago, Ill.	

State	*Directors or Supervisor P. H. N. Division State Board of Health*	*American Red Cross Nursing Field Representatives*	*State Tuberculosis Association Field Nurses*
Nebraska	Margaret McGreevy State Board of Health, Omaha	Mae A. Baxter, Central Div. A. R. C., 308 N. Michigan Ave. Chicago, Ill.	Lillian Stuff, 1716 Dodge St., Omaha, Nebr.
Nevada			Miss Airth
New Hampshire		Marion H. Douglas, New England Div. A.R.C., 73 Newbury St., Boston 17, Mass.	Elena M. Crough, 503 Portsmouth Bldg. Manchester, N. H.
New Jersey	Charlotte Ehrlicher, Child Welfare Division, State Board of Health, Trenton	Myrtie E. Taylor, Atlantic Div. A. R. C., 44 E. 23rd St., New York City	Myrtie E. Taylor, (with R. C. also)
New Mexico	Margaret Tupper, State Dept. of Health, Santa Fe 'U.S.P.H. Service)		
New York	Mathilda S. Kuhlman, State Board of Health, Albany	Julia C. Smith (N.W.) Mary E. Lewis (S.W.) Atlantic Div. A. R. C., 44 E. 23rd St., New York City	Frances H. Meyer, 445 Jefferson Ave., Brooklyn, N. Y.
North Carolina	Rose Ehrenfeld, Dir. State Board of Health, Raleigh Marion Manning, Supr. N. State Board of Health, Raleigh Katharine Myers		Katharine Myers, T. B. State Clinic Nurse State Board of Health, Raleigh
North Dakota		Isabel Carruthers, Central Div. A. R. C., 308 N. Michigan Ave. Chicago, Ill.	Cora Farley, Devils Lake, N. D.
Ohio	*Field Supervisors* Nora Abbe Mabel C. Greene Annie J. Cummingham State Board of Health, Columbus		
Oklahoma		Clara I. Crowe, SouthwesternDiv.A.R.C. Equitable Bldg., St. Louis, Mo.	Rosalind MacKay, 410 Empire Bldg., Oklahoma City
Oregon	Jane Allen, 1021 Selling Bldg., Portland	Lillian E. Jones, Northwestern Div. A. R. C., Seattle, Wash.	E. M. Djupe, 315 University St. Seattle, Wash.
Pennsylvania	Alice O'Halloran State Board of Health, Harrisburg, Pa.	Esther R. Entriken, (Eastern Pa.) Leslie Wentzel (Western Pa.) Atlantic Div. A. R. C., 44 E. 23rd St., New York City	

State	*Directors or Supervisors P. H. N. Division State Board of Health*	*American Red Cross Nursing Field Representatives*	*State Tuberculosis Association Field Nurses*
Rhode Island		Blanche Wildes, New England Div. A. R. C., 73 Newbury St., Boston 17, Mass.	
South Carolina	Ruth A. Dodd, State Board of Health, Columbia, S. C. Helen B. Fenton, State Board of Health, Columbia, S. C.		Helen B. Fenton, State Board of Health, Columbia, S. C.
South Dakota		Ellen McArdle, Central Div. A. R. C., 308 N. Michigan Ave. Chicago, Ill.	
Tennessee	Malvina Mesbit, State Board of Health, Nashville		Irene R. Foote, Box 537, Nashville
Texas	Mrs. Lydia King, State Board of Health, Austin	Mary Kennedy (No.T.) Anne Pritchett (So. T.) Southwestern Div. A. R. C., Equitable Bldg., St. Louis, Mo.	Pearl N. Hyer, P. H. Assn., Austin 616 Little Field Bldg.
Utah			Emma L. Brown, Dir. T.B.—State Board of Health, Salt Lake City
Vermont	Elizabeth VanPatten, St. Dept. of Health, Burlington	Elizabeth VanPatten, New England Div. A. R. C., 73 Newbury St., Boston 17, Mass.	
Virginia	Nancy Minor, Dir. Emily Heard, Asst. Dir. State Board of Health, Richmond		Agnes D. Randolph, Dir. of Bureau of T.B. State Board of Health, Richmond
Washington	Mrs. Elizabeth S. Soule, State Board of Health, Seattle	Lillian E. Jones, Northwestern Div. A. R. C., Seattle	
W. Virginia	Mrs. Joan T. Dillon, State Board of Health, Charleston	Gertrude Wuesthoff, Lake Div. A. R. C., 2036 E. 22nd St., Cleveland, Ohio	
Wisconsin	Mrs. Mary Morgan, State Board of Health, Madison		
Wyoming		Agnes Cogan, Central Div. A. R. C., 308 N. Michigan Ave. Chicago, Ill.	

ACTIVITIES of the NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

HOW SHOULD STATES ORGANIZE FOR PUBLIC HEALTH NURSING?

A COMMITTEE of the National Organization for Public Health Nursing has been working for a year to find an answer to this question. The need of some answer has been unmistakably shown in a number of urgent appeals for suggestions and guidance that have been received at Headquarters from all parts of the country. There seems to be a pretty general vagueness and confusion in everyone's mind as to how the Public Health Nurses can act most effectively as state groups. This Committee has attempted to analyze the principles of organization involved, for after all it is chiefly a technical question of organization. If the Public Health Nurses of the state organize as a section of the State Graduate Nurses Association, they become a state group composed only of nurses organically related to the American Nurses Association through their Graduate Nurses Association and of course can function only as such. If, on the other hand, the Public Health Nurses though still retaining their individual membership in the State Graduate Nurses Association, organize a separate state organization for Public Health Nursing, composed of nurses and others interested in Public Health Nursing, it is possible for these nurses to have both an individual membership in the G. N. A. and thereby in the A. N. A. and also to have an organic group relationship to the N. O. P. H. N. with some such definite state representation in that national body as suggested by this Committee's recommendations.

To the Committee the latter method seems the soundest way of furthering the cause of Public Health Nursing as it carries the principles of organization already adopted by the N. O. P. H. N. into the states. It also offers a thoroughly democratic way by which the N. O. P. H. N. may more completely express the will of the states.

It will be noted that the recommendations of the Committee would involve changes in the By-laws of the N. O. P. H. N. The present status therefore of the Committee's report is that it has been accepted by the Executive Committee of the N. O. P. H. N., referred to the Committee on Revision of By-laws and will come up for final action by the membership as a whole at the Seattle Convention when the revised By-laws will be voted upon. In the meantime, the report is now being printed so that all may have an opportunity, in advance of the Convention, for thorough consideration and discussion of the points involved. The Committee will be glad of all comments, questions and suggestions, and would ask that the matter be given most serious consideration.

REPORT OF THE STATE ORGANIZATION COMMITTEE OF THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING.

This Committee was asked to consider the relationship of State Organizations for Public Health Nursing both to State Graduate Nurses Associations and to the National Organization for Public Health Nursing. First and foremost the Committee wishes to state that it accepts as axiomatic that all nurses whether functioning as private nurses or institutional nurses or Public Health Nurses should be members of their state Graduate Nurses Association

and of the American Nurses Association. The province therefore of the Committee is to suggest what further organization is best for those interested in the specialized phase of nursing now under consideration. While the Committee fully recognizes the necessity for variation to accord with various local situations, it feels that it will greatly clarify the question if certain fundamental principles are noted. Though recognizing that in individual instances it may be better for the Public Health Nurses to organize first as a section rather than as a separate organization, the Committee believes that the ideal plan is to have separate state bodies for Public Health Nursing on the same basis as the separate national body for Public Health Nursing. In states where there are very few nurses and no organizations the Committee feels that all should be urged to organize a state Graduate Nurses Association first, this Association to provide for a section on Public Health Nursing. Then if there are enough Public Health Nurses to act effectively as a separate State Organization for Public Health Nursing, this special group could be organized, later.

A. The principles of organization that must be taken into consideration are as follows:—

I. There is a fundamental difference in purpose and scope between the general Graduate Nurses Associations and organizations such as the League for Nursing Education and the National Organization for Public Health Nursing and therefore the one general organization cannot meet the special needs of the others.

(*a*) The object of the general nursing body is to be a professional organization making and upholding standards for the profession as a whole. Its membership is *inclusive* of all those meeting this definite professional standard. The object of the other two groups is to *further a cause* in which nurses play an essential part but not the only part. This distinction between a strictly professional body and an organization existing for something in addition to nursing and nurses as a profession is absolutely vital and fundamental.

II. The basis of membership in the National Organization for Public Health Nursing and the American Nurses Association is quite different. The American Nurses Association accepts the nursing standards of each state, nurses meeting their own local standards being eligible for national membership. The American Nurses Association could only reach this basis of state home rule after years of national leadership. On the other hand, the National Organization for Public Health Nursing gives Public Health Nurses of the country the basis for their standards, its membership standards being those endorsed by the three national organizations. The American Nurses Association may consistently endorse a standard agreed upon as a minimum by the three national bodies but because of its form of organization it must accept state rather than national requirements. The League and the National Organization for Public Health Nursing on the other hand are in a position to adopt the national standards as their requirements because they are not organized on a state home rule basis. This necessitates as our objective that state and local associations for Public Health Nursing have identical standards with the national body.

(*a*) Furthermore, it should be noted that membership in the general state nurses associations is on the corporate basis that is, membership by groups, while all Public Health Nursing Organizations are built up primarily on the individual membership basis.

(*b*) A further difference in the membership question between the two bodies is that it is a fundamental principle within all the Public Health Nursing groups to make provision for non-professional membership, as the interest and activity of representatives from the community at large are essential to progress in Public Health Nursing. No such provision is possible in the State Graduate Nurses Association.

III. State Organizations for Public Health Nursing should be branches of the National Organization for Public Health Nursing.

B. Recommendations as to the relationship of state Public Health Nursing Organizations to the National Organization for Public Health Nursing.

I. That State Public Health Nursing Organizations be considered branches, instead of corporate members, of the National Organization for Public Health Nursing. The Committee defines what is meant by a branch as follows:—

(*a*) A state branch of the National Organization for Public Health Nursing would be an organic part of the National Organization for Public Health Nursing with automatic representation on the latter's directorate through the state president. This would involve biennial elections within state organizations.

(*b*) A state branch should have the same aims and objects as the National Organization for Public Health Nursing but in matters relating to state affairs would have complete autonomy.

(*c*) A state branch must have uniform membership requirements with the National Organization for Public Health Nursing.

(*d*) There could not be more than one branch for each state.

Such a close relationship between the different state groups and the National Organization for Public Health Nursing would give added vitality to each, making it possible for a country-wide program to be worked out through the state branches and in turn the state branches would bring back their problems through their representatives to the national body.

II. That a single fee system be adopted, the amount of the state and local fee to be left to the decision of each state and locality but when divided proportionately it would have to be large enough to insure the National Organization the full membership fee for each person. The individual might send the joint fee either straight to the National, which would send the state its proportion, or vice versa.

III. That there be uniformity as to the classification of membership and requirements. As the National Organization for Public Health Nursing already has the machinery to pass on eligibility, its eligibility committee might be asked to assist the state by passing on all applicants first. This would relieve the busy women in the state eligibility committees. Names coming up for state membership would be returned by the National committee to the respective state eligibility committees for final consideration and ratification.

IV. That active corporate members of the National Organization for Public Health Nursing should only be state and local administrative bodies, such as Visiting Nurse Associations, Tuberculosis Leagues, Infant Welfare Associations and other agencies employing Public Health Nurses. This of course would not of itself give individual membership to the members of these staffs.

V. That associate corporate members should be those professional groups who are not eligible for active corporate membership.

VI. That sustaining corporate members should be lay groups interested in Public Health Nursing, such as Women's Clubs, Parent Teachers Associations, etc.

VII. That on the Executive Committees of State Public Health Nursing Organizations should sit automatically the Presidents of the State Leagues and of the State Graduate Nurses Associations as ex-officio members of the Committees.

VIII. That State Public Health Nursing Organizations should hold their meetings at the same time and place as the State Graduate Nurses Associations with both joint and separate programs.

It is felt to be this Committee's responsibility to submit suggestions as to a Constitution and By-laws for State Organizations for Public Health Nursing. Such suggestions have been prepared and can be obtained on request.

Committee on State Organization
National Organization for Public Health Nursing
Ella Phillips Crandall
Mrs. Anna L. Hansen
(*District Nursing Association of Buffalo*)
Mrs. William Ketchum
(*Chairman of Committee on Eligibility of the N. O. P. H. N.*)
Katharine Tucker, Chairman

THE PLACEMENT BUREAU

Report to the Executive Committee

Miss Geister, Chairman of the Committee, called two meetings of the Committee in August at which plans for raising money to reopen the Placement Bureau were considered. It was decided to send to every nurse member of the N. O. P. H. N. a letter, stating the situation, and asking for suggestions and contributions to reopen the Bureau. These letters were sent August 26th. Nurses in and around New York volunteered to fold, stamp and seal these 5075 letters.

Up to September 26th, 599 nurses responded and $1,553.50 was received. Many of the nurses sent, with their contribution, a note stating their willingness to be called on a second time if the necessary money was not raised.

Miss Geister, the Chairman, left New York and the other members of the Committee decided to send a second letter September 26th to all nurse members who had made no response to the first letter.

By November 15th, $3,201.53 had come in, but 3750 nurses had made no response to either letter.

Deducting $363.45, the cost of sending these appeals, from the total receipts shows net receipts of $2,838.08.

On November 16th a third appeal in the form of a postal reminder was sent, asking for a "Yea or a Nay" that the Committee might know the attitude of all the nurses as a guide to its further action.

(Signed) *Hazel Corbin,*

Emergency Committee to Reestablish the Placement Bureau.

NOTES OF INTEREST TO MEMBERS

The Biennial Convention of the Three National Nursing Organizations—to be held in Seattle during the early summer months of 1922—needs the thought and assistance of all interested Public Health Nurses in each and every state.

The N. O. P. H. N. program committee, therefore, urges all Public Health Nurses to send to this office suggestions for subjects and speakers for this meeting.

This will aid in making the public health program what *you* want it to be and offers an opportunity to have *your* public health problems discussed.

Please send in these suggestions soon to

Frances V. Brink,

Chairman, N. O. P. H. N. Program Committee, 370 Seventh Avenue, New York City.

A Committee on Transportation is now considering special railroad rates and accommodations to the Biennial Convention in Seattle.

Watch for a report of this Committee in the February *Public Health Nurse.*

Because of Miss Anne Stevens' appointment as Director of the National Organization for Public Health Nursing it has been necessary for her to resign as chairman of the Nominating Committee. Miss Abbie Roberts, Social Service Department Rochester General Hospital, Rochester, N. Y., will succeed Miss Stevens as chairman of this committee.

LIBRARY DEPARTMENT—BOOK NOTES

Edited by A. M. CARR

DEVELOPMENTS IN NURSING EDUCATION SINCE 1918

Isabel M. Stewart

U. S. Bureau of Education, Washington, D. C., 1921

AT a time when various panaceas for the so-called "shortage of nurses" are being presented to the public, every nurse who is seriously interested in her profession will read with intense interest Miss Stewart's comprehensive study.

A careful analysis of the changed conditions, causing new demands and creating new responsibilities since the war, precedes a very clear and concise statement of the educational standards of schools of nursing as they exist today.

The fact that 60 per cent of the accredited schools of nursing in this country require not more than one year of high school work for admission is a convincing reply to Dr. Mayo's often repeated statement that nurses are trying to produce a supply of Packards when the public demand is for Fords.

While several significant changes have been made in courses offered in schools of nursing and raising educational requirements for admission has a constant tendency to increase the number of students, the writer considers these changes only one step in the right direction. The question of both attendants and short courses are fairly stated. Miss Stewart squarely faces all the issues and her pamphlet is a challenge. With certain basic changes in the system of education, nurses will be able to make a much larger contribution to both public health and individual health. Without such changes, the future promises an inferior rather than a superior nurse.

F. M. P.

A HALF CENTURY OF PUBLIC HEALTH

American Public Health Association

New York, 1921
Paper covered edition, $4.25

A Half Century of Public Health, a jubilee historic volume of the American Public Health Association, edited by Mazyck P. Ravenel, M. D., is presented as a memorial volume to Stephen Smith, M. A., M. D., founder and first president of the Association.

Most of the volume is given to the development of general protective measures under state and municipal control, quarantine, sewage disposal, ventilation, water purification and similar subjects. Two chapters which will be particularly interesting to nurses are the history of child welfare work by Philip M. Van Ingen, and the history of public health nursing by Lavinia L. Dock who presents the outstanding facts in her inimitable style which never fails to interest or to convince.

F. M. P.

The Annual Volume of *The proceedings of the National Tuberculosis Association* has just been published. Like the corresponding volume of the American Child Hygiene Association it contains much nurses will want to refer to. A number of papers presented at the meeting of the nurses' section will appear, notably two on Tuberculosis Nursing—*By a Specialized Staff*, Mary E. Edgecomb and *By a Generalized Staff*, Anne Sutherland. *Industrial Nursing as a Means of Fighting Tuberculosis* by Lee K. Frankel, M. D. will be of special interest. Also the papers on Federal Provision for Tuberculous Ex-Service Men. Ask your Library for this volume.

Administration of the First Federal Child Labor Law has just been issued by the Children's Bureau,

U. S. Department of Labor. Miss Lathrop says in her letter of transmittal: "The importance of this record lies primarily in the fact that it describes the prompt and effective enforcement of the first governmental provision in this country for the protection of working children."

Travelling Exhibit Material—The Children's Bureau, Washington, D. C. has a mimeographed list of their travelling exhibit which includes wall panels, lantern slides and motion picture films. The slides are arranged in convenient divisions, "Needs of the Baby and of the Growing Child," "How Disease and Infection are Carried," "Food for the Growing Child," "Care of the Teeth," "The Public Health Nurse and Her Duties." A set of 49 slides gives pictorially all details on "The Care of the Baby."

The American Social Hygiene Association, 370 Seventh Avenue, New York, has two new reading lists. These should be especially useful to school nurses, not only those compelled to recognize the problem for themselves of sex education for their children, but also to recommend to teachers. "What to Read" is a selection of books. The "List of Publications" combines a statement of the objects and organization of the association with the list of reprints and pamphlets obtainable. Write for these.

Infantile Paralysis—A Message to parents and patients is a pamphlet published by the Visiting Nurse Association of Chicago. It was prepared by special sub-committees; and is not only instructive for parents of patients, but contains a statement which gives proper instruction to people asking for advice or reassurance. General statements of the present status of medical knowledge of the disease are given.

Co-operation in the Control of Communicable Diseases Among School Children, published by the New York State Department of Health, Albany, New York, is an admirable summary. All nurses will heartily agree with the opening sentence: "Communicable Disease in schools can not be controlled without efficient work and hearty *co-operation* on the part of the local health and school officials, the family physician and parents."

Circular No. 14, *The Conduct of an Isolation Period in the Home* is an excellent leaflet giving clear and simple directions—also obtainable from the New York State Department of Health.

A Preliminary Study of Standards of Growth in the Detroit Public Schools, publication No. 5 of the Detroit Board of Education, presents a striking example of the recognition of the value of thoughtfully considered health education.

How Are Your Pupils Growing? is a leaflet published by the Ontario Division of the Canadian Red Cross Society in co-operation with the Department of Education of Canada. A really stunning school poster, with Dr. Wood's Weight — Height — Age Tables, goes with it.

The mimeographed Nursing Bulletins of the Southern Division of the American Red Cross must receive the most cordial welcome from the fortunate recipients. We wonder who thinks up the ingenious paragraphs and rhymes sprinkled through the pages, relieving any possible tedium of advice and news. Is there more talent among nurses now than we recall in past days, or are they better trained in making it available in written and spoken form?

The American Public Health Association has published the *First Report of the Committee on Municipal Health Department Practice.* Authentic information on the practice of

municipal health departments of American cities has been long needed. Recognizing this, the Metropolitan Life Insurance Company agreed to finance the cost of such an investigation if the American Public Health Association would gather the information and prepare the report.

The conclusions given are obtained from the analysis of data gathered from a group of 83 cities, and the findings are summarized under main Divisions. These 18 Divisions include "The Health Board and the Health Officer," "Control of Communicable Disease," "Infant Hygiene," "Public Health Nursing." We regret that space does not permit us to make more extensive extracts from this most valuable survey:—

"The crux of good health administration is a good health officer well trained, well paid, efficient and secure in tenure. Three-fourths of the health officers of the larger cities are physicians and while only four have a special public health degree the greater proportion are well equipped from the standpoint of practical experience. Tenure of office appears to be reasonably secure in most instances but the salaries paid are markedly inadequate, ...

"The total appropriations for the Health Department vary from 22 cents to $3.18 per capita and average 98 cents. . . . .

"Both the extraordinary variation and the relatively small amount of these appropriations are significant. . . . .

"The most striking feature in regard to the control of communicable disease is the diversity of practice which leads to a completely different method of isolating the same disease in different communities. Hospitalization of communicable diseases is relatively incomplete in most cities. It is surprising to find that two-thirds of the cities reporting still practise terminal fumigation, and that many cities fail to use available cultural methods for the control of contacts. . . . .

"The development of venereal disease clinic service is one of the most encouraging facts revealed by our survey. . . . .Medical school inspection is carried out in more than half the cities by the Board of Education rather than the Board of Health, creating an undesirable conflict of authority, particularly where the Health Department does inspect children in the parochial schools. The medical and nursing staff is generally inadequate for the most effective work (one physician to 10,000, one nurse to 4,000 children) . . . .

"Industrial hygiene is an almost undeveloped field for the municipal health department except in the two or three largest cities. . . . .Public health nursing is still largely a function of private agencies although public health nursing under the health department is gowing rapidly so that over a third of the total service of this kind is now furnished by them. Specialized nursing is still more common than generalized nursing. The amount of work performed by the nurses is remarkably large, particularly under the generalized plan, averaging nearly eight visits per day."

The detailed report under the division of public health nursing gives very valuable data:

"Public health nursing service of some sort is available in all the cities studied and we have reasonably full data for 80 cities . . . . . Grouping together all official and unofficial agencies, there is an average of 16.5 public health nurses per 100,000 population in the 80 cities for which we have these data . . . . . One Supervisor is provided on the average for every 12.4 nurses . . . . . Of the 74 cities for which we have the data, the public health nursing service is generalized in 19 cities and specialized in 55. In the cities in which there is specialized nursing we find 2.7 nurses per 100,000 population available for tuberculosis work, 4.2 for school nursing, 3.1 for infant hygiene and 7.5 for general nursing service . . . . . In 37 cities it is possible to estimate the sum spent by the Health Department for public health nursing; the amount averages 9.5 per capita."

Analysis of the Per Visit Cost—Jan. 1, 1921, to *June* 30, 1921 is a pamphlet just published by the Visiting Nurse Service of the Henry Street Settlement. In the foreword to this valuable study with its carefully prepared exhibit maps, Miss Goodrich says:

"There is no more important industry from the standpoint of community well being and national efficiency than the production of a mentally and physically healthy society . . . . . The extensive and intensive programs of these various organizations and institutions are constantly placing in our hands more accurate and detailed knowledge concerning the health situation of any given community as expressed in the variety and extent of prevalent diseases, the infant and maternal morbidity and mortality and the like. This information should enable us in the near future to estimate fairly accurately the machinery required to meet the needs of the community from the standpoint of hospital beds for acute, chronic and convalescent care, dispensaries and health centers with their personnel, and the visiting and resident nursing service for the home care of the sick; and also to estimate the actual per capita cost of such machinery . . . . . The study herein presented of the Henry Street Visiting Nurse Service of New York City is, therefore, very timely, and it is

hoped that the detailed analysis of the expenditures of the various centers of the Henry Street Service and the study of the factors that enter into the visit per capita cost, obtained for the benefit of our own staff, will be of service to similar organizations in preparing their budgets, in understanding the many factors bearing upon the problem, and in maintaining the most effective service at the least possible cost . . . . . In two localities which are not in reality centers but stations where a piece of intensive block work is being carried on, the nursing visits express but a small part of the activities of the experiment, the family being the unit of health work rather than the individual sickness. In this case, the cost per hour rather than the cost per visit is the important figure to obtain."

We can add nothing to these suggestive paragraphs except to say that this report can be obtained from 265 Henry Street, New York City, at a cost of 20 cents.

In the August-September number of the "Henry Street Nurse," Miss Crandall gives an account of the work of the committee of which she is at present the Director. The Committee, which has grown out of the Maternity Center Association, the Henry Street Visiting Nurse Service and the New York Diet Kitchen Association, is known as the "Committee to Study Community Organization for Self Support of Health Protection for Mothers and Young Children."

Miss Crandall says: "Everyone realizes that we have undertaken a courageous, not to say audacious task." We who know Miss Crandall realize she has the qualities to carry the task through to success.

Routines of the Maternity Center Association. As its title indicates, this *is* "Routines," to be observed in Clinics, Pre-natal visits and Post-natal Follow-up Work. The study that has gone into the evolving of these routines is evident. Each detail has been worked out by the actual work and experience of the staff nurses of the New York Maternity Center; meeting the requirements of the Medical Board and the Nursing Committee. A routine usually seems a soulless sort of thing. This is not, even though it is kept down to its purpose of saying in the fewest words the essentials in the care of the expectant mother. It can be obtained from Room 1634, 370 Seventh Avenue, New York City, for 15 cents a copy.

The Pictorial Review for December, 1921, contains an article by Clara D. Noyes (with, by the way, an excellent picture of Miss Noyes), entitled Sub-Nurses? Why not Sub-Doctors? It will be recalled that in the October number of the *Pictorial Review* appeared an article attributed to Dr. Chas. H. Mayo,"Wanted 100,000 Girls for Sub-Nurses!" We will make no other comment than to say that Miss Noyes has very thoroughly replied.

We again ask Superintendents of Visiting Nurse Associations to send two copies of their annual reports to the Library Dept., 370 Seventh Ave., New York City. No material in our files has been more frequently referred to by the Organization secretaries and by nurses visiting the Library than the reports, publicity leaflets, and circulars of information sent us last year by the associations all over the country. One very interesting request came only a short time ago from a board-director who wanted to increase the 1922 budget—"Have you any V. N. A. reports showing the cost of administering small-town nursing services?"

RED CROSS PUBLIC HEALTH NURSING

Edited by ELIZABETH G. FOX

THE WORK OF THE AMERICAN RED CROSS PUBLIC HEALTH NURSES IN EUROPE AS SEEN BY MARY S. GARDNER

A SURVEY of public health nursing as it is being carried on today by the American Red Cross in various countries in Europe has been made for the Red Cross by Miss Mary S. Gardner, who has recently returned to this country. There is space to give from her report only a bird's-eye view of Red Cross public health nursing activities in Europe.

Arriving at the Paris Headquarters of the American Red Cross, Miss Gardner visited the scene of the nursing work being done in the devastated regions of France by three American Red Cross nurses under the American Committee for Devastated France. The work covers quite an area, includes many villages and consists of weekly clinics for sick and well babies, and also home visiting. These American nurses were to be withdrawn October first leaving the work in the hands of a capable French Committee.

Miss Gardner was present at the laying of the cornerstone for the new memorial building of the Florence Nightingale Training School for Nurses at Bordeaux. An address written by Miss Noyes was read and the cornerstone laid by Miss Hay. Miss Gardner felt that the educational significance of this gift from American nurses was recognized by most of those responsible for the School.

In London conferences were held with Miss Fitzgerald and Miss Olmstead to devise means of improving the course in public health nursing given at Bedford College for nurses from various foreign countries.

At Prague a conference was held with the superintendents of the three Hospital Training Schools which the American Red Cross has established in Prague, Warsaw and Posen, respectively, where native nurses are given a nursing education under the direction of American Red Cross nurses. The Red Cross is sending native women from these countries to America to be trained in American Schools of Nursing so that on their return they may take over the work begun by our nurses. Miss Gardner also had the opportunity to study the organization and program of public health nursing developed under the leadership of Miss Besom. There are many problems attendant upon the development of public health nursing in a foreign country; first, whether within a limited time with little or no trained native workers it can be made of value to the countries where it is being initiated; second, what the relative responsibilities and duties of social workers and Public Health Nurses are in this program; and third, whether it is wise to give short courses for health visitors to assist in carrying on public health work until such time as a fully trained native personnel shall have been developed.

The program for Czecho-Slovakia is a somewhat ambitious one, namely, the opening of twenty-two infant welfare stations all over the country with model equipment and served by an American nurse and a social worker working under the Czech doctors. The whole plan is tied to the Ministry of Health which is expected to subsidize it after the withdrawal of the American Red Cross.

In Poland the A. R. C. program is a slightly different one from that in Czecho-Slovakia. In Poland the nurses do not give continuous service to a community, but go with a social worker to a community to establish a center, returning for advisory pur-

poses only. Each center is subsidized to varying degrees according to its need, and equipment furnished by the American Red Cross. Every center has a milk station, and medical examination for all children is given by local Polish doctors. If possible a dispensary for sick children is opened and sometimes a children's ward in a hospital has been equipped and opened by the American nurses.

In Vienna as well as in Budapest the Red Cross has only one Public Health Nurse, who hopes to be of assistance in developing an American system of home visiting. This work was undertaken at the request of progressive native doctors in charge of the public health stations of the Red Cross.

Public health nursing work in the Baltic states was just commencing at the time of Miss Gardner's visit. Good preliminary work had been done, however, and 120 child health stations opened. These are financed by the American Red Cross and operated by the native doctors and "schwesters" (native young women). Miss Gardner felt that the American nurses had a great opportunity in strengthening and developing this group of women, in establishing school nursing, and in starting mothers' classes and other forms of group teaching.

In Serbia Miss Gardner saw the nursing work of the Serbian Child Welfare Committee which is being carried on by American Red Cross nurses. It is done wholly in rural communities and especial emphasis is placed upon work for children. Ten health centers have been established at which live two nurses,—one nurse taking charge of the dispensary and the other doing the school work and home visiting,—both working under local native doctors. These dispensaries serve a large countryside. Each dispensary is equipped with four or more beds for emergency cases. Each dispensary averages four to five hundred patients a month with thirty to sixty home visits (often to far distant hamlets), and the examination of from two to three hundred school children. Health talks are given by the nurses at the dispensary and health classes held for Serbian girls and women. An American doctor is in charge of a certain number of stations. Government interest is being elicited for all this work.

From Serbia, Miss Gardner went to Constantinople where American Red Cross nurses are engaged in public health nursing under the auspices of the Near East Relief. A training school for nurses is also being conducted by American Red Cross nurses and governed by American Executive and Advisory Committees. The hospital is self-supporting and draws pupil nurses from all the near-by countries. The prospects for the future of this school are bright and it is expected that a course in public health nursing for the students will be included in the training.

It is a matter of regret that Miss Gardner's time schedule did not permit of her visiting the Red Cross public health nursing activities in Montenegro, Greece and Albania, but necessitated her return to Paris directly from Constantinople.

The American Red Cross public health nursing program in Europe is a disappearing one and in all probability this next summer will see but a handful of American nurses, outside the hospital training schools, remaining in Europe. It is hoped, however, that the seed planted may grow and mature under native auspices.

ORGANIZING AN OPERATIVE CLINIC

The Public Health Nurse in a rural county where the doctors are few in proportion to the population and hospitals rare or non-existent, finds a growing list of people, mostly children, in need of minor operative treatment for whom such attention is not readily available.

Operations are usually expensive and lack of funds often prevents a family from securing the services of a surgeon. Sometimes the scarcity of doctors and their burden of a too

extensive practice also tends to leave these cases uncared for.

If operative treatment is to be secured for all needing it, the nurse often must be the means of bringing it about. She must first of all interest the local doctors and secure their approval and their services if possible. She naturally plans for a clinic, where, by gathering in one place all her patients in need of operation, the doctors can in a day's or a few days' time attend to all, accomplishing more in this way than would otherwise be possible.

The organizing of this kind of a clinic is a project which often presents difficulties to the Public Health Nurse, and her success is dependent upon her ability to enlist the help both of professional and volunteer workers. It is not a thing which she can bring about by her own unaided efforts. In order to have it run smoothly and effectively it must, like a well adjusted machine, have each cog and wheel in place and functioning and the whole well lubricated. In a recent letter, Powhatan Stone, Red Cross Public Health Nurse in W———— County, tells us the steps by which she succeeded in conducting a most successful operative clinic:—

"We operated on 50 children successfully. I made arrangements with the Superintendent of the Schools for the use of the High School Building, and hired a man to move the seats in the rooms I thought we would need. We had a boys' ward and a girls', an operating room, a recovery room, a supply room and a diet kitchen. By the rarest good fortune the chairman of my supply committee was a most wonderful and remarkable girl. I gave her a list of supplies necessary for the operation of the clinic that would have staggered any one else. Without further discussion, after she had agreed to undertake it, she went to work and assembled everything; nothing was left out. She had several donations of money given for expenses, and the use of a truck for the hauling was offered.

As soon as I made definite plans regarding the working of my dreamed of clinic I proceeded to look up the people in the county whom I thought would take interest and had them communicate with the parents of the children previously found to be in need of operative treatment, advise them of the dates on which the clinic would be held, and give them a list of supplies necessary for them to bring with them, as well as the physician's orders. If the parents were interested they were to register the children three days before the clinic. I had an article advertising the clinic in each issue of the newspaper for several weeks in advance. We had a publicity director who had these articles published for me. Out in the country, I arranged with interested folks to have the clinic announced in the churches, at picnics, ice cream suppers, movies and wherever there was a gathering of people. The ministers and moving picture people were most kind.

The local physicians did little referring, but were very co-operative about giving anaesthetics and made it a point to be present as needed.

The sponges were made by a supply committee of two,—100 yards of gauze being made up and pinned in covers ready for sterilization. Arrangements were made with different communities for towels; about 125 being borrowed. These were all plainly marked before sending in, with the owner's name and community. Before I forget it, let me say that when the supplies were brought into the school house each mattress, cot and blanket was tagged and listed; nothing was lost or misplaced. The operating room supplies were sterilized free of charge.

At the clinic we had a registrar and a treasurer. There were five volunteer graduate nurses helping us; one of these asked to be allowed to go on duty at night. This girl is a summer boarder here having a vacation. Also there was a social worker from Hopkins who was having a vacation and a splendid young woman from Norfolk, an artist, both of whom were untiring in their efforts from the moment the clinic began. We also had a nurse with us from the State Board of Health; the Episcopal Clergyman and the Presbyterian Minister were operating room orderlies. They carried children, filled and emptied buckets, worked all day long both days, sleeves up and apron on. Two finer men I have never met; when I tried to thank them they thanked me for the privilege of allowing them to help. The supply chairman helped both days in the recovery room, and people I had never dreamed of calling on were there, and without bothering me to direct them looked about and did those things that they could do and made themselves indispensable. People came to visit or look on and immediately went to work. The second day, when some patients were being admitted and others discharged at the same time, was a busy day. Cars were lined up on both sides of the street and our hospital was one hive and every bee was a busy one. Young men were there, and girls who had helped at previous small clinics. Some good friends drove in for miles to be sure that I had what I needed and did not lack for assistance. When I needed a thing I had only to say so and it was brought. If it was blocks away, the drug or whatever it was, was in the school as soon as it was possible for a pair of swift legs and an automobile to bring it. I can't tell you all about

it because people helped in ways that I will never know about.

I had arranged to have meals sent in for the workers, different communities taking different times. A young lady was in charge of this and was able not only to serve the workers but many of the parents as well. We stopped each day for one hour for lunch and to breathe. Fourteen and fifteen year old girls collected the wooden trays and sputum cups, and the janitor burned all refuse.

The Treasurer was Deputy Collector for the County. He investigated the financial standing of the families so that a suitable price should be paid by each, working the thing out in the most business like way, and helped me with all the financial arrangements.

We had some complications; two of the children bled profusely and two vomited worms, but all ended well and I felt very thankful. Something which I shall never be able to do is to communicate to all the wonderful people how I appreciate the splendid work they did and their beautiful co-operation.

With such co-operation as I had I feel a terrible responsibility—there is no piece of work that I should not be able to undertake and do successfully. My helper from the supply committee informed me there was nothing she would not help me do, and said it was the grandest work in the world. Have I not an overwhelming responsibility?"

A CORRECTION

By some inadvertence the name of Elma Rood, the writer of the article entitled "Health Course for Normal Schools," published in the Red Cross Public Health Nursing Department of our November issue, appeared as Elmer Hood. This has led to some questioning as to whether the article was really by Miss Rood, or by someone else of almost similar name, and we are, of course, very sorry that the error slipped by unnoticed.

We have received the following narrative report by Edna L. Hamer, Red Cross Public Health Nurse, Uvalde, Texas:—

"My report certainly fails to show how much work has been done this month. It has been exceptionally heavy and done under trying circumstances.

One night, rather, I should say, morning, this month, I was awakened by the fire alarm and found it to be in the business portion of town. Did I go? Yes.—Out came Lizzie and away we went at 4 A. M. When I arrived I thought I was seeing the last of my Health Center, and in fact the entire business portion of town, but due to the lack of breeze, and the gallant work of the fire boys, the other buildings were saved.

When I did get into my Health Center, I felt that to get it clean was hopeless, but I was saved that trouble, as we gave up the building and moved to the City Hall. As the rooms here are not ready, my things are scattered, but it is going to make such a wonderful Health Center. Think of being able to use a building to help people that was once used as a jail.

But, with all this confusion of not being able to locate things I need, I have accomplished quite a bit of constructive work. In every school I visited I have organized Health Clubs, and am using Red Cross score cards with blue and gold stars. The children are most interested and I am seeing results already. The teachers are so interested and are constantly furnishing me with tales of funny things that happen at inspection time. One lad who was never known to have a handkerchief before the organization of his class, sneezed in the room one day and, as the teacher expressed it, 'with the most satisfied expression' used his handkerchief. He, it seems, has been quite a noted character since the event.

Anothers child's row failed to gain a blue star because Hosea had failed to bring the handkerchief. When his inspector announced the fact, Hosea with eyes grown large, said, 'Miss Spencer, I did have a handkerchief, but sister came and borrowed it.' Too bad inspections in all the rooms take place at the same time!

With best wishes for a successful Roll Call in each county, I'll say goodby until next month."

NEWS FROM THE FIELD

CANADIAN COURSES IN PUBLIC HEALTH NURSING

IN our July 1921 issue we published a news note in which we overlooked an error, to the effect that the Institute of Public Health connected with Western University, London, Ont., was the only school of public health nursing in Canada. We are very glad, therefore, to take this opportunity of publishing a list which has just reached us, through the courtesy of Miss E. Kathleen Russell, Director of Department of Public Health Nursing, University of Toronto, of Canadian Courses in Public Health Nursing, together with the dates of their organization.

The University of British Columbia, Department of Nursing at Vancouver, B. C. started the first Canadian University course for nurses. That course is the five-year combined Arts and Nursing Course. Miss Ethel Johns, R. N., is in charge of this Department at the University, and also Superintendent of Nurses at the Vancouver General Hospital. At present there are about thirteen students in the various stages of that course.

Later Developments at Vancouver.

Nov. 1920—Course in Public Health Nursing started in the Department of Public Health of the University of British Columbia. Four months in duration. Miss Mary Ard McKenzie, Director of Public Health Nursing. Beginning October, 1921 this became an eight months course.

Dalhousie University, Halifax, Nova Scotia.
March, 1920

Six months course in Public Health Nursing started under leadership of Dr. T. F. Royer who holds a dual position with the University and with the Massachusetts-Halifax Health Commission. So far this remains a six months course.

University of Toronto.
September, 1920

Opened the Department of Public Health Nursing. Director—Miss E. K. Russell, B. A. Gives an eight months course in Public Health Nursing during the regular academic year, i. e., from September to May.

McGill University, Montreal.
October, 1920

Opened the school for Graduate Nurses. Director—Miss F. M. Shaw, R. N.

Two courses are being given:

(1) For Teachers in Schools of Nursing
(2) For Public Health Nursing

Both are eight months courses given during the regular academic year.

Western University, London, Ontario.
October, 1920

Inaugurated a course for Public Health Nurses in its Faculty of Public Health. Eight months course given during the regular academic year. Dean—Dr. H. W. Hill.

The University of Alberta at Edmonton, Alberta started a course in Public Health Nursing. Duration three months.
January, 1921

St. John, New Brunswick.
February, 1921.

A four months course was started under the joint management of the Victorian Order of Nurses and the Red Cross Society, and the University of New Brunswick undertook to grant certificates to the successfull students. The announcement of this course gives the address as 35 Carleton St., St. John, N. B.

NATIONAL HEALTH EXPOSITION AT LOUISVILLE, KY.

More than two hundred thousand people, drawn from every city within a radius of two hundred miles of Louisville will witness during the eight days, commencing February 1, 1922, the most popular scientific Exposition in history. This National Health Exposition will be introduced through the Institute conducted by the United States Public Health Service at the School of Public Health of the University of Louisville.

Sixty thousand square feet of floor space in the Jefferson County Armory will be devoted to scientific and commercial exhibits from every state and every land, combining the activities of purely scientific organizations and purely professional bodies with those of specialized altruistic associations engaged in the promotion of special health activities.

More than five thousand persons will participate in the program, displays and demonstrations. The most elaborate plans are being carried rapidly to fruition, in order that life and action will predominate in all exhibits. Only the best of features of the past expositions will be included.

This Exposition is purely a public enterprise, conducted as a practical

(Continued on Page 8)

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is an antiseptic aid to the professional nurse; it is readily obtainable and contributes much to the comfort of the patient because of the satisfactory results attending its employment in the sick room.

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may be utilized as a wash, spray or douche and has a wide range of usefulness that is referred to specifically in the literature we shall gladly mail, with a 3-ounce sample bottle, to any registered nurse on request.

LAMBERT PHARMACAL COMPANY
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THIS HEALING TOILET POWDER
Frees Children's Skin from Soreness
AND PREVENTS IT FROM BECOMING THUS AFFECTED

Because it contains six healing, antiseptic, and disinfecting ingredients not found in ordinary talcums.

During 25 years mothers and nurses have found nothing to equal Syke's Comfort Powder to clear the skin from chafing, inflammation, eruptions, rashes, infant scalding when used regularly after bathing.

For chafing of fleshy people, irritation after shaving, skin soreness of the sick it gives instant relief. Refuse substitutes because there is nothing like it.

FREE Trial box sent to mothers or nurses upon receipt of two cents in stamps.
Tin box, 30 cents.
Glass jar, with puff, 60 cents
THE COMFORT POWDER CO.
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The Best Antiseptic for Personal Hygiene and Sick Room Uses

It is a pure white antiseptic powder, containing in a concentrated form the cleansing, antiseptic, disinfecting and remedial properties of liquid antiseptics.
One teaspoonful dissolved in warm water will make one quart of strong antiseptic solution.
Very economical, cleansing, healing and germicidal.
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THE COMFORT POWDER CO. 142 Berkeley Street, Boston, Mass.

Vaseline
Reg. U.S. Pat. Off.
OXIDE OF ZINC OINTMENT

DO you realize that one prevalent cause of restlessness, fretting and crying in young babies is the discomfort that comes from the chafing of the skin?

"Vaseline" Oxide of Zinc Ointment is a simple, safe remedy for this condition. Its soothing and healing effect makes the baby comfortable and happy and lightens the mother's burden.

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CHESEBROUGH MANUFACTURING CO.
State Street (Consolidated) New York

NEWS FROM THE FIELD

(*Continued from Page 52*)

philanthropy that the people of this entire section may be enlightened through visual education.

PUBLIC HEALTH IN THE SPECIAL SESSION OF CONGRESS

The special session of the Sixty-Seventh Congress, which convened on April 11, 1921 and adjourned on November 23, 1921, had before it 143 bills concerned with some phase of public health. Of this number only six passed both houses of Congress and became laws. These laws include the Sheppard-Towner act for the promotion of the welfare of maternity and infancy, and a general deficiency bill in which provision is made for the continuance of the Interdepartmental Social Hygiene Board. During the approximately six months that the special session was at work, about 10,000 bills and resolutions were introduced in the House and about 3,000 in the Senate. Only about one per cent of this number was concerned with public health.

(*National Health Council*)

NOTES OF INTEREST

The Ontario Division of the Canadian Red Cross has recently established a Bureau of Information for the purpose of linking up Public Health Nurses with those communities which desire their services.

Miss Laura Holland, Director of the Nursing and Emergency Service, 410 Sherbourne St., Toronto, will be glad to hear from Canadian nurses who may be interested in this work.

Dietitians Needed

The United States Civil Service Commission states that there is need for a considerable number of dietitians in the Public Health Service at hospitals throughout the United States and that until further notice it will receive applications for such positions. Full information may be obtained by communicating with the United States Civil Service Commission, Washington, D. C.

THE high esteem in which Colgate's Ribbon Dental Cream is held by representative surgeons, physicians, dentists and members of the nursing profession needs no explaining to those who understand the full force of traditional obligations.

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Course in Public Health Nursing

Western Reserve University

CLEVELAND, OHIO

1921-1922

LECTURES, case discussions, class demonstrations, clinic observation, field work and excursions.

Course open to qualified graduate nurses.

Students may enter in September only for theoretical work, but the field and clinic work will be offered three times during the year, beginning October 1st, February 1st and June 1st.

Tuition for either half of the Course $87.50. Loan scholarships are available.

For further information apply to

MISS CECILIA A. EVANS
2739 Orange Ave. Cleveland, O.

NOTES FROM THE STATES

New York—The Health Department of the City of New York is considering giving a course of twelve lectures to nurses engaged in industry, or desiring to enter industrial establishments.

The course will conclude with a written examination covering the subjects touched upon in the lectures. The value of the course would be materially advanced if field work could be included.

All nurses interested will please communicate with Christine R. Kefauver, R. N., Acting Supervisor, Division of Industrial Hygiene, and state what day of the week would be most convenient, whether afternoon or evening is preferred, and whether field work is desired.

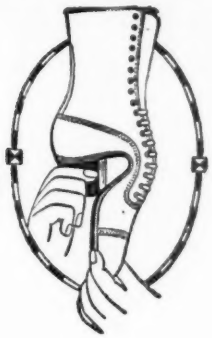
Oregon—The first meeting of industrial nurses ever held in Oregon took place on October 1st, 1921. There were ten nurses present—seven industrial nurses, and Miss Elnora Thomson, Miss Marion Crowe and Miss Jane C. Allen. So much interest was expressed that the nurses began at once to talk of organization and are planning monthly meetings throughout the winter.

The regular quarterly meeting of the Oregon State Committee on Public Health Nursing was held October 1st. The Committee is composed of representatives of:

Oregon Tuberculosis Association
American Red Cross
State Graduate Nurses' Assn. and Women's Protective Bureau
The Public
Portland Visiting Nurse Association
State Board for Examination and Registration of Nurses
Portland School of Special Work and Extension Division of the University of Oregon.
The Press
Oregon Public Health Nurses Association
Portland City Health Bureau
National Organization for Public Health Nursing

There are sub-committees on: Cooperating Agencies; Finance; National Activities; Nursing Education; Publicity; State and County Public Health Institutes.

(*Continued on Page* 12)



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The Cantilever Shoe is shaped like the foot, with good toe room and a medium or low heel as you prefer. It is refined in style as well as scientifically modeled.

The shank is flexible, as the foot arch is flexible. A human shoe for the human foot! This permits natural, unrestricted functioning of the foot, and good circulation, both of which are conducive to health, strength and comfort.

Any nurse (and her number is legion!) who finds duty difficult and happiness modified because of tired or troubled feet, can share the joys of other women by wearing these good looking Cantilever Shoes.

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Asheville—Anthony Bros.
Atlanta—Carlton Shoe & Clo. Co.
Austin—Carl H. Mueller
Baltimore—325 No. Charles St.
Battle Creek—Bahlman's Bootery
Birmingham—219 North 19th St.
Boston—Jordan Marsh Co.
Bridgeport—W. K. Mollan
Brooklyn—414 Fulton St.
Buffalo—639 Main St.
Butte—Hubert Shoe Co.
Charleston—J. F. Condon & Sons
Chicago—30 E. Randolph St.
Cincinnati—The McAlpin Co.
Cleveland—Graner-Powers, 1274 Euclid
Columbia, S. C.—Watson Shoe Co.
Columbus, Miss.—Simon Loeb's
Columbus, O.—The Union
Dallas—Leon Kahn Shoe Co.
Dayton—The Rike-Kumler Co.
Denver—A. T. Lewis & Son
Des Moines—W. L. White Shoe Co.
Detroit—T. J. Jackson, 41 E. Adams Ave.
El Paso—Popular Dry Goods Co.
Erie—Weschler Co., 910 State St.
Evanston—North Shore Bootery
Fort Dodge—Schill & Habenicht
Galveston—Fellman's
Grand Rapids—Herpolsheimer Co.
Harrisburg—Orner's, 24 No. 3rd St.
Hartford—86 Pratt St.
Houston—Clayton's Cantilever Store
Huntington, W. Va. — McMahon-Diehl
Indianapolis—L. S. Ayres & Co.
Jackson, Mich.—Palmer Co.
Jacksonville—Golden's Bootery
Jersey City—Bennett's, 411 Central Ave.
Kansas City, Kan.—Nelson Shoe Co.
Kansas City, Mo.—Jones Store Co.
Knoxville—Spence Shoe Co.
Lansing—F. N. Arbaugh Co.
Lawrence, Mass.—G. H. Woodman
Lincoln—Mayer Bros. Co.
Little Rock—Poe Shoe Co., 302 Main St.
Los Angeles—505 New Pantages Bldg.
Louisville—Boston Shoe Co.
Lowell—The Bon Marche
Milwaukee—Brouwer Shoe Co.
Minneapolis—21 Eighth St., South
Missoula—Missoula Merc. Co.
Mobile—Level Best Shoe Store
Montgomery—Campbell Shoe Co.
Muncie—Miller's, 311 S. Walnut St.
Nashville—J. A. Meadors & Sons
Newark—Aeolian Hall (2nd floor)
New Haven—153 Court St. (2nd floor)
New York—22 West 39th St.
Norfolk—Ames & Brownley
Oklahoma City—The Boot Shop
Omaha—1710 Howard St.
Passaic—Kroll's, 37 Lexington Ave.
Pawtucket—Evans & Young
Philadelphia—1300 Walnut St.
Pittsburgh—The Rosenbaum Co.
Portland, Me.—Palmer Shoe Co.
Portland, Ore.—353 Alder St.
Poughkeepsie—Louis Schonberger
Providence—The Boston Store
Raleigh—Walk-Over Boot Shop
Reading—S. S. Schweriner
Richmond, Va.—S. Sycle, 11 W. Broad
Rochester—148 East Ave.
Saginaw—Goeschel-Brater Co.
St. Louis—516 Arcade Bldg., op. P. O.
Salt Lake City—Walker Bros. Co
San Antonio—Guarantee Shoe Co.
San Diego—The Marston Co.
San Francisco—Phelan Bldg. (Arcade)
Santa Barbara—Smith's Bootery
Savannah—Globe Shoe Co.
Seattle—Baxter & Baxter
Shreveport—Phelps Shoe Co.
Sioux City—The Pelletier Co.
South Bend—Ellsworth Store
Spokane—The Crescent
Springfield, Ill.—A. W. Klaholt
Springfield, Mass.—Forbes & Wallace
Syracuse—136 S. Salina St.
Tacoma—Fidelity Building (8th floor)
Terre Haute—Otto C. Hornung
Toledo—LaSalle & Koch Co.
Trenton—H. M. Voorhees & Bro.
Troy—W. H. Frear & Co.
Tulsa—Lyons' Shoe Store
Washington—1319 F Street
Wheeling—Geo. R. Taylor Co.
Wichita—Rorabaugh's
Winston-Salem—Clark-Westbrook Co.
Worcester—J. C. MacInnes Co.
Youngstown—B. McManus Co.

Maternity Hospital of Cleveland

Reorganization of Training School

OUTLINE OF COURSE

Preliminary Course at Maternity Hospital	4 months

Affiliation With City Hospital As Follows

Medical Nursing	6 months
Surgical Nursing	3 months
Operating Room	2 months
Children's Nursing	3 months
Diet Kitchen	2 months
Contagious	2 months
Eye, Ear, Nose, Throat, Tuberculosis, Mental and Skin	6 months

Maternity Hospital—Last 8 Months

Mothers	2 months
Babies	2 months
Delivery Room	1 month
Public Health	2 months
Milk Laboratories, etc.	1 month

Allowance

Books, uniforms and maintenance throughout by Maternity. $10 per month during two years at City Hospital.

2—An exceptional course in Obstetrical Nursing is offered to pupils from schools that have a limited or no Obstetrical Clinic.

3—A Post Graduate Course of four months is offered to graduate nurses of schools in good standing. Maintenance and an allowance of $12 per month.

CALMA Mac DONALD

Superintendent Maternity Hospital

3735 Cedar Ave. Cleveland, Ohio

Course in Public Health Nursing

The Missouri School of Social Economy, St. Louis, Mo.

1921-22

Course offered to Nurses who qualify for membership in National Organization for Public Health Nursing.

Theory Includes	Practice Includes
Principles of Public Health Nursing	General Bedside Nursing
Family Treatment	Pre-natal Nursing
Community Organization	Child Welfare Nursing
Statistics	Tubercular Nursing
Public Speaking	School Health Work

Field work given in a special teaching district, which includes 500 city blocks, 75,000 inhabitants and 20 nationalities.

An eight months' course and a four months' course are offered.

Tuition, $40.00 per semester.

For furthur information apply to

(MISS) GRACE L. ANDERSON

Director, Public Health Nursing

2338 S. Broadway, ST. LOUIS, MO.

NOTES FROM THE STATES

(*Continued from Page* 10)

Tennessee—The Tennessee State Association of Registered Nurses held its 16th annual convention in Nashville, October 24th and 25th. Mrs. La Malle, Field Supervisor, Metropolitan Life Insurance Co. Nursing Service, and Miss Fuller, Asst. Director, Southern Division American Red Cross, gave much appreciated talks on Public Health Problems. Mrs. D. T. Gould, of Nashville was re-elected President, and Miss Marie Peterson, of Memphis, Secretary.

The State Public Health Nurses Section of the Association was organized October, 1920 at the annual meeting in Memphis, and they held their first regular meeting October 24th, 1921, over forty nurses being present. Miss Dixie Sample is Chairman of this section. Many interesting subjects were discussed and plans were made for the coming year. It is hoped to enroll all Public Health Nurses of the State as members of the N. O. P. H. N.

Delegates and visitors who attended the Nashville meeting referred most appreciatively to the wonderful hospitality shown them by Nashville nurses.

FOREIGN NOTE

Santo Domingo—Santo Domingo is already noting good results from the sanitary measures put into effect by the military government instituted by the United States in November, 1916. Previous to this period, sanitary and public health activities were almost entirely lacking in the country and the sanitary law promulgated in 1912 received but little or no attention. The new Department of Sanitation and Beneficence administered by a commander of the Medical Corps, U. S. Navy, has succeeded in putting into effect many of the measures found favorable in the United States and other countries. . . . . Commander Hayden says that the sum of $189,414.24 was appropriated for sanitary purposes in 1920 as against $25,000 in 1916.—(*Social Hygiene Bulletin.*)